

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR -7 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000085583**

1. Entity Name

CASIMAR RESTAURAN GROUP, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4875 S. SR 7

3. Mailing Address

4345 Magnolia Ridge Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

Weston FL

4. FEI Number

650625179

Applied For

Not Applicable

Zip

33314

Country

US

Zip

33331

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

SIGIFREDO DUQUE

Street Address (P.O. Box Number is Not Acceptable)

4345 MAGNOLIA RIDGE DRIVE

City

Weston

FL

Zip Code

33331

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/28/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
SIGIFREDO DUQUE
4345 MAGNOLIA RIDGE DRIVE
Weston FL 33331**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**800015328548
04/07/03--01004--003 **150.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT
MARIA DUQUE
4345 MAGNOLIA RIDGE DRIVE
Weston FL 33331**

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE: **Martha Duque - VICEPRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03 (954) 581-3940

Date

Daytime Phone #

CR2E034B (12/02)