

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91203 015 \*\*\*158.75

**DOCUMENT #** P95000092185

**1. Entity Name**  
SERCAS & SONS, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
13 MEADOWS PARK LANE

Suite, Apt. #, etc.

**3. Mailing Address**  
P.O. BOX 3037

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State** BOYNTON BEACH, FL 33436

Zip Country

**City & State** Boynton Beach, FL 33424

Zip Country

**4. FEI Number** 59-3345767

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name** CASAINE, SERGIO JR.

**Street Address (P.O. Box Number is Not Acceptable)**  
13 Meadows Park Lane

**City** BOYNTON BEACH, **FL** **Zip Code** 33436

**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.

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9.** This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1 Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<b>D</b> CASAINE, SERGIO JR. 13 MEADOWS PARK LANE BOYNTON BEACH FL 33436
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<b>SECRETARY</b> CASAINE, HAYDEE L. 13 MEADOWS PARK LANE BOYNTON BEACH, FL 33436
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IN THIS SPACE**

**13.** 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 11 or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Sergio Casaine*

SERGIO CASAINE, JR.

5-29-02 (561) 6969-6684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)