

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90030 013 ***150.00

DOCUMENT # P96000021465

1. Entity Name
CASILDA INVESTMENTS, INC.

Principal Place of Business

251 ROYAL PALM WAY
 SIXTH FLOOR
 PALM BEACH FL 33480

Mailing Address

MENDOZA, CALLAS & SCHILLING
 251 ROYAL PALM WAY, #602
 PALM BEACH FL 33480-4339
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0649104**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE MENDOZA, MARIO G III
 251 ROYAL PALM WAY
 SIXTH FLOOR
 PALM BEACH FL 33480

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEMENDOZA, ENRIQUE G	
STREET ADDRESS	251 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DEMENDOZA JR, ENRIQUE G	
STREET ADDRESS	251 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MENDOZA, MATILDE G DE SENI	
STREET ADDRESS	251 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DE MENDOZA, JUAN G	
STREET ADDRESS	251 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DEMENDOZA III, MARIO G	
STREET ADDRESS	251 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WILKINSON, DEBRA	
STREET ADDRESS	251 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Enrique G. de Mendoza, Pres. (561) 659-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)