

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037051

1. Entity Name

CASSATT ENTERPRISES, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90065 042 ***150.00

Principal Place of Business

135 CHILEAN AVENUE
 PALM BEACH FL 33480

Mailing Address

C/O STUART HAFT, ESQ
 321 ROYAL POINCIANA PLAZA
 PALM BCH FL 33480-4019

2. Principal Place of Business

3. Mailing Address

C/O Stuart J. Haft, ESQ

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 431

City & State

City & State

Palm Beach, FL

Zip

Country

Zip

Country

33480

USA

4. FEI Number

65-0668727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STUART J HAFT
 C/O ALLEY, MAASS, ROGERS & LINDSAY, P.A.
 321 ROYAL POINCIANA PLAZA
 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

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) ☐

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P/D
 HICKMAN, MINNIE
 135 CHILEAN AVENUE
 PALM BEACH FL 33480 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Minnie C. Hickman, President

2/22/00

Date

Daytime Phone #

CR2E034 (9/99)