

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000052568

1. Entity Name

THE CAZES GROUP, INC.

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90079 011 ***150.00

Principal Place of Business

5248 EAGLE CAY WAY
COCONUT CREEK FL 33073
US

Mailing Address

5248 EAGLE CAY WAY
COCONUT CREEK FL 33073
US

2. Principal Place of Business

8436 LOGIA CIRCLE

3. Mailing Address

P.O. BOX 740295

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

4. FEI Number

22-3278316

Applied For

Not Applicable

Zip
33437-7110

Country

USA

Zip

33474-0295

Country

USA

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

CAZES, JACK
5248 EAGLE CAY WAY
COCONUT CREEK FL 33073

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.

JACK CAZES

(NOTE: Registered Agent signature required when reinstating)

1/23/01

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, 2001 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
V
CAZES, ELEANOR H
5248 EAGLE CAY WAY
COCONUT CREEK FL 33073

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8436 LOGIA CIRCLE
BOYNTON BEACH, FL 33437

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PC
CAZES, JACK
5248 EAGLE CAY WAY
COCONUT CREEK FL 33073

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
8436 LOGIA CIRCLE
BOYNTON BEACH, FL 33437

☒ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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

JACK CAZES

1/23/01

Date

561-738-4627

Daytime Phone #

CR2E034 (10/00)