

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90105 036 ***150.00

DOCUMENT # P96000059462

1. Entity Name

C.A.S.I.N.O. INC.

Principal Place of Business

**3400 MEINTOSH RD
 BLDG F20
 FORT LAUDERDALE FL 33316
 US**

Mailing Address

**P O BOX
 21011
 FT. LAUDERDALE FL 33335-1011
 US**

80097465



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3400 McIntosh Rd.

3. Mailing Address

Suite, Apt. #, etc.
Bldg. F20

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Zip

33316

Country

USA

Country

4. FEI Number

65-0686958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**STONE, ADELE I ESQ
 1946 TYLER STREET
 HOLLYWOOD FL 33022-2088**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **STDP** ☐ Delete
 NAME **PAIKH, SID**
 STREET ADDRESS **3400 MCINTOSH RD BLDG F20**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

4-26-02. 954 527 347

CR2E034 (9/01)