FROM : CASA TICA FAX NO. : 3368274

05/01/2002 12:33 5613350677 WDB OF TC

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91218 049 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106052

1. Entity Name
CASA TICA, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
255 SW. Marathon AVE
Suite, Apt. #, etc.
City & State
Port St. Lucie FL.
Zip 34953 County St Lucie

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 650807194 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name ELIETTE ASTORGA DOYLE
Street Address (P.O. Box Number is Not Acceptable)
255 SW. MARATHON AVE
City Port St Lucie FL Zip Code 34953

DO NOT WRITE IN THIS SPACE

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: Eliette A. Doyle 5-1-02
(Attach typed or printed name of registered agent or 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 - April 1: Fee is $150.00
After May 1: Fee is $400.00
Assembled UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	ELIETTE A. DOYLE, Exec. DIR. 255 SW. Marathon AVE Port St. Lucie, FL. 34953
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADMINISTRATOR JOHN E. DOYLE 255 SW MARATHON AVE PSL, FL. 34953
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: Eliette A. Doyle 5-01-02
FILING PARTY'S NAME OF OFFICER OR DIRECTOR Date Daytime Phone #