

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012084

1. Entity Name

CALSA DEVELOPMENT CO., INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90317 036 ***150.00

Principal Place of Business

2925 E COMMERCIAL BLVD
FORT LAUDERDALE FL 33308

Mailing Address

2925 E COMMERCIAL BLVD
FORT LAUDERDALE FL 33308

2. Principal Place of Business

P.O. Box 4666

3. Mailing Address

P.O. Box 4666

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE, FL

City & State

FT. LAUDERDALE, FLORIDA

4. FEI Number

65-0830566

Applied For

Not Applicable

Zip

33338

Country

USA

Zip

33338

Country

USA

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

6. Name and Address of Current Registered Agent

AMANTE, VALERIE
2925 E COMMERCIAL BLVD
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1401 NE 9th St, #17

City

FORT LAUDERDALE

FL

Zip Code

33338

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

Valerie Amante

4/18/01

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, 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

TITLE SVD ☒ Delete
NAME VERTICCHIO, ADAM
STREET ADDRESS 1574 SE CHIFFON AVENUE
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE PTD ☐ Delete
NAME AMANTE, VALERIE
STREET ADDRESS 1574 SE CHIFFON AVENUE
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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 1401 NE 9th St, #17
CITY-ST-ZIP FORT LAUDERDALE, FL 33338

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

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

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

TITLE ☐ Change ☐ 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:

Valerie Amante (VALERIE AMANTE)

4/18/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)