

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90091 020 \*\*\*150.00

**DOCUMENT # P98000016869**

1. Entity Name  
**CASABLANCA ANTIQUES & REPRODUCTIONS, INC.**



Principal Place of Business  
**5220 NW 72ND AVE  
#10  
MIAMI FL 33166**

Mailing Address  
**5220 NW 72ND AVE  
#18  
MIAMI FL 33166**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**5220 NW 72 Ave**

3. Mailing Address

Suite, Apt. #, etc.  
**# 18**

Suite, Apt. #, etc.

City & State  
**Miami Florida**

City & State

Zip  
**33166**

Country  
**Dade**

Zip

Country

4. FEI Number  
**65-0822156**

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

**ASSIF, HAFIDA  
14729 SW 176TH ST  
MIAMI FL 33187**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**03/10/03**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election, Campaign, Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
WAHMAN, AHMED  
14729 SW 176TH ST  
MIAMI FL 33187** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/10/03**

Date

Daytime Phone #

CR2E034 (10/02)