

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043642

1. Entity Name

CASSISI ENTERPRISES, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90091 018 ***150.00

0134940

Principal Place of Business

2817 N. COURSE DR.
#208
POMPANO BEACH FL 33069

Mailing Address

2817 N. COURSE DR.
#208
POMPANO BEACH FL 33069

C0053937



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3518 DUNES VISTA Dr.

3. Mailing Address

3518 DUNES VISTA Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO Florida

City & State

POMPANO Florida

Zip

33069

Country

USA

Zip

33069

Country

USA

4. FEI Number

65-0837218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAHONEY, ROBERT F
3801 NORTH FEDERAL HIGHWAY
POMPANO BEACH FL 33064

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, 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 ☐ Delete
NAME D
STREET ADDRESS CASSISI, GINA
CITY-ST-ZIP 3801 NORTH FEDERAL HIGHWAY
POMPANO BEACH FL 33064

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

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

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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:

Gina Cassisi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GINA CASSISI

4/6/01

Date

(954) 957-5815

Daytime Phone #

CR2E034 (10/00)