

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90182 039 ***150.00

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DOCUMENT # P98000043642

1. Entity Name
CASSISI ENTERPRISES, INC.



Principal Place of Business
**3518 DUNES VISTA DR
POMPANO BEACH FL 33069**

Mailing Address
~~3518 DUNES VISTA DR~~
~~POMPANO BEACH FL 33069~~



2. Principal Place of Business

3. Mailing Address

7777 GLADES RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 209

City & State

City & State

BOCA RATON, FL

Zip

Country

Zip

Country

33434

US

4. FEI Number **65-0837218**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAHONEY, ROBERT F

~~3801 NORTH FEDERAL HIGHWAY~~

~~POMPANO BEACH FL 33064~~

Name

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

7777 GLADES ROAD

SUITE 209

BOCA RATON

FL

Zip Code

33434

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)

4/2/03

DATE

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
CASSISI, GINA
3801 NORTH FEDERAL HIGHWAY
POMPANO BEACH FL 33064

☐ Delete

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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 OF GINA CASSISI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03

Date

561-451-9990

Daytime Phone #

CR2E034 (10/02)