2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000050078 Mar 03, 2000 8:00 am **Secretary of State** CASANOVA ENTERPRISES GROUP INC. 03-03-2000 90192 010 ***150.00 Principal Place of Business Mailing Address -8311-GRAND-GANAL-DRIVE-8911-GRAND-CANAL-DRIVE MIAMI FE 33178 1928 MIAMI-FL-33144 4820NW 98 Place 4820 NW 98 Place Mami Fl, 33178 Meani Fl. 33178 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 65-0849289 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CASANOVA, JOSE M & nochange on agent Street Address (P.O. Box Number is Not Acceptable) 8311 GRAND CANAL DRIVE 4820 NW 98 Place - MIAMI-FL 33144 Meani Fl. 33178 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. JOSE M. CAS ANOVA (NOTE: Registered Agent signature required when rei DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees XL Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE □ Delete CASANOVA, ALICIA L NAME NAME 8311 GRAND CANAL DRIVE 4820NW 98 Place STREET ADDRESS STREET ADDRESS Meani Fl 33178 CITY-ST-ZIP CITY-ST-ZIP MIAMI-FL 33144 Channe ☐ Addition TITLE TITLE CASANOVA, JOSE M NAME NAME 8317-GRAND GANAL DRIVE 4820NW98 Place STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI-FL-83144 Mami F.C. 33178 ☐ Change ☐ Addition - Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIF Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Date

Date