Amendment FOR PROFIT CORPORATION

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DISPIRECTOR

· · · Un	HIFORM BUSINE	SS REPORT	' (UI	3R)			Ë	II FD			
DOCUN 1. Entity Name	MENT # P98000	007580	5				·				
	s Casework,	inc.		制			03 APR 1				
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E	O NOT WRITE	IN THIS S	PAC	E	3 .		or section is the	الملت المركز	MUDA		
2. Principal Place of Business 2.245 West 11th AVANUE 3. Mailing Address											
Suite, Apt. #				DO NOT WRITE IN THIS SPACE							
City & State	City & State					4. FEI Nun	OB605	581	Ŧ	Applied For Not Applicat	
Zip ろろしし	Country Zip			Country 5. Ce			ate of Status Desire			5 Additional equired	
<u> </u>	Marie De	A		Name	<u>!</u>	7. Name and	Address of Curr	ent Registere			ゴ
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, tribali	8		,	City 1	o le	reh		FI	Zj	188	4
	amed entity submits this statement for this of registered agent.	he purpose of changing its	registere	d office or	registere	ed agent, or i	both, in the State o			with, and accer	ot
me obligation	ns or registered agent.										İ
	ignature, typed or printed name of registered agent and	title if applicable. (NOT	E: Registere:	Agent signatu	required	when reinstating}		DATE			_
en compression A	iary 1 - May 1 Fee is \$150.00 fter May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of S	fate					Election Campaign Frust Fund Contribu			\$5.00 May Be Added to Fees	,
10.	OFFICERS AND DI	RECTORS		* A							II.
NAME E	VP/Sec/Trea/Director Bravo, Ursula D. 2245 w. 11th Avenua	~	TITLE NAME	3		กล.		4853	306	33 481 25	CR2E034B (12/02)
	izus w. 11th Avenue tialeuh.Fl. 33010	<u>e</u>		T ADDRESS ST-ZIP		y www	em. oh si hir	ن ب عبدین		و المسلمة الما	88 80
TITLE F	resident/Director		TITLE								25.
NAME STREET ADDRESS 7	Salvador, Rafael 1245 w. 11 th Avenu	Ţ	NAME	T ADDRESS	ng.				*	m. m. s	្យច
	tialeuh. Fl. 33010			ST-ZIP		. <u>.</u> .		4 4	-		r _{u.}
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NAME			NAME				N THIS	SPA	CE	1	, . L.,
- Street Address City - St- Zip	<u>ئىنچىت ئائىنى</u> چىن د ېنىدىن چىسىبىرىنىنىن چ	· · · · · · · · · · · · · · · · · · ·	4	T ADORESS ST-ZIP	سياسو سي المحاسو "الراحا	ي عسي به د	January S. B. January	مجان طاي عا	pr		F 37
TITLE	· · · · · · · · · · · · · · · · · · ·	-	TITLE					4 4 4 4 4	er .	4 1	
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STREET ADDRESS			STREE	TADORÉSS				, ₂ 3	· e		
12. Lhereby cer	rtify that the information supplied with the	is filing does not qualify for	the exen		ad in Sec	tion 119 07/	RVI) Elorida Statuta	e Hurther on	etifu th at	the information	
indicated or of the corpo	rtify that the information supplied with the this report or supplemental report is trooration or the receiver or trustee empow with an address, with all other like emp	ue and accurate and that nevered to execute the repo	ny signati ny as requ	ure shall ha iired by Ch	ave the sa apter 60	ame legal eff 7, Florida Sta	ect as if made unditutes; and that my	er oath; that t name appea	am an c rs in Bic	ine inormation ifficer or director ick 10 or on an	,
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