

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

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

06-12-2003 90011 037 \*\*\*150.00

DOCUMENT # P98000084215(L)

1. Entity Name  
CASEWORKS International, Inc



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>Surise, Florida</u>		3. Mailing Address <u>5026 HIRTUS ROAD</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <u>SURISE, FLORIDA</u>	
Zip	Country	Zip	Country
		<u>33351</u>	<u>U.S.A.</u>

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<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <u>65-08166-126</u>		Applied For <input type="checkbox"/>
			Not Applicable <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
	7. Name and Address of Current Registered Agent		
Name <u>George Evans Esq.</u>			
Street Address (P.O. Box Number is Not Acceptable)			
<u>2100 Ponce de Leon Suite 1040</u>			
City <u>CORAL GABLES</u> FL Zip Code <u>33134</u>			

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 GEORGE EVANS ESQ. George Evans Esq. DATE 5-29-03

Signature, typed or printed name of registered agent and fee applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<u>PRESIDENT AND SECRETARY</u>	<u>NORMAN H. ALMAN</u>	<u>9620 N.W. 26th CT.</u>
		<u>CORAL SPRINGS, FL</u>	<u>33065</u>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<u>TREASURER</u>	<u>MICHAEL PALLANTE</u>	<u>8575 S.W. 51ST AVE.</u>
		<u>MARGATE, FL</u>	<u>33068</u>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN H. ALMAN DATE 5-29-03 DAYTIME PHONE 954-747-3338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)