

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093866

1. Entity Name

K'SIN TALENT AGENCY, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90116 032 \*\*\*150.00

Principal Place of Business

Mailing Address

296 NORTHWEST DRIVE  
MIAMI FL 33126

296 NORTHWEST DRIVE  
MIAMI FL 33126-4261

2. Principal Place of Business

3. Mailing Address

651 N.W. 82 AVE APT 117

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FLA.

Zip

Country

Zip

Country

33126

U.S.A.

4. FEI Number 65-0874202

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASIN, ORLANDO M  
296 NORTHWEST DRIVE  
MIAMI FL 33126

Name CASIN, Orlando M.  
Street Address (P.O. Box Number is Not Acceptable)  
651 N.W. 82 AVE  
APT 117  
City Miami FL Zip Code 33126

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]*  
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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CASIN, ORLANDO M	
STREET ADDRESS	296 NORTHWEST DRIVE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CASIN, ORLANDO M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASIN, ORLANDO M	
STREET ADDRESS	651 N.W. 82 AVE APT 117	
CITY-ST-ZIP	Miami FLA. 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

2/28/00 (305) 261-1717

Date

Daytime Phone #

CR2E034 (9/99)