

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000005901**

1. Entity Name

CASUAL & SPORTS, INC.**FILED****Mar 04, 2000 8:00 am**
Secretary of State

03-04-2000 90005 045 ***150.00

Principal Place of Business
**3650 N. STATE RD. 7
LAUDERDALE LAKES FL 33319**Mailing Address
**3650 N. STATE RD. 7
LAUDERDALE LAKES FL 33319-5608**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0882252

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MITHAVAYANI, SUAD
3650 N. STATE RD. 7
LAUDERDALE LAKES FL 33319**

7. Name and Address of New Registered Agent

Name **HUSSAIN MITHAVAYANI**
Street Address (P.O. Box Number is Not Acceptable)**11000 SW 23 ST**City **DAVIE****FL**Zip Code **33324**

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, 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

TITLE **PD** ☒ Delete
NAME **MITHAVAYANI, SUAD**
STREET ADDRESS **11000 SW 23RD ST.**
CITY-ST-ZIP **DAVIE FL 33324**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☒ Addition
NAME **MITHAVAYANI, HUSSAIN**
STREET ADDRESS **11000 SW 23 ST**
CITY-ST-ZIP **DAVIE FL 33324**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HUSSAIN MITHAVAYANI
PRESIDENT/DIRECTOR
FEB/16/00**

Date

Daytime Phone #

954-731-0002

CR2F034 (9/99)