

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005901

1. Entity Name

CASUAL & SPORTS, INC.

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90017 006 ***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

2. Principal Place of Business

11000 S.W. 23RD ST
Suite, Apt. #, etc.

3. Mailing Address

11000 S.W. 23RD ST
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DAVIE FL

City & State

DAVIE FL

4. FEI Number

65-0882252

Applied For

Not Applicable

Zip

33324

Country

BROWARD

Zip

33324

Country

BROWARD

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

MITHAVAYANI, HUSSAIN
11000 SW 23 ST
DAVIE FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

HUSSAIN MITHAVAYANI

JAN-13-01

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, 2001 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 | PD | <input type="checkbox"/> Delete |
| NAME | MITHAVAYANI, HUSSAIN | |
| STREET ADDRESS | 11000 SW 23RD ST. | |
| CITY-ST-ZIP | DAVIE FL 33324 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
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| CITY-ST-ZIP | | |

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| 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:

HUSSAIN MITHAVAYANI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

JAN/13/01

Daytime Phone #

CR2E034 (10/00)