

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006032

1. Entity Name

JOSEPH R. CASACCI, P.A.

FILED

May 11, 2000 8:00 am  
Secretary of State

05-11-2000 90311 045 \*\*\*150.00

Principal Place of Business  
305 SOUTHEAST 18TH COURT  
FORT LAUDERDALE FL 33316

Mailing Address  
305 SOUTHEAST 18TH COURT  
FORT LAUDERDALE FL 33316-2829

2. Principal Place of Business  
1000 S. ANDREWS AVE  
Suite, Apt. #, etc.

3. Mailing Address  
1000 S. ANDREWS AVE  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
FORT LAUDERDALE, FL  
Zip  
33316  
Country  
U.S.

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Zip  
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4. FEI Number  
65-0906349  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
CASACCI, JOSEPH R  
305 SOUTHEAST 18TH COURT  
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent  
Name  
JOSEPH R. CASACCI  
Street Address (P.O. Box Number is Not Acceptable)  
1000 S. ANDREWS AVE  
City  
FORT LAUDERDALE FL  
Zip Code  
33316

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD CASACCI, JOSEPH R 305 SOUTHEAST 18TH COURT FORT LAUDERDALE FL 33316 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 S. ANDREWS AVE FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joseph R. Casacci, Pres. Date: 4/28/00 (954) 525-9941

CR2E034 (9/99)