

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006185

1. Entity Name

CSC ASSOCIATED ENTERPRISES, INC.



**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90012 010 \*\*\*550.00

Principal Place of Business

6043 KIMBERLY BLVD., SUITE M  
NORTH LAUDERDALE FL 33068

Mailing Address

6043 KIMBERLY BLVD., SUITE M  
NORTH LAUDERDALE FL 33068

2. Principal Place of Business

6879 W. COMMERCIAL BL.

3. Mailing Address

6879 W. COMMERCIAL BL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMARAC, FL

City & State

TAMARAC, FL

4. FEI Number

65-0888-411

Applied For

Not Applicable

Zip

Country

33319 USA

Zip

Country

33319 USA

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

BEDNAR, KENNETH L  
515 N. FLAGLER DR., S-600  
WEST PALM BEACH FL 33401

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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. VP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete  
NAME CASCIO, STEVEN  
STREET ADDRESS 4441 N.W. 58TH ST.  
CITY-ST-ZIP FT. LAUDERDALE FL 33319

TITLE ☒ Change ☐ Addition  
NAME CASCIO, STEVEN  
STREET ADDRESS 4441 N.W. 59 ST  
CITY-ST-ZIP FT. LAUDERDALE FL 33319

TITLE D ☒ Delete  
NAME CASCIO, STEVEN  
STREET ADDRESS 4441 N.W. 58TH ST.  
CITY-ST-ZIP FT. LAUDERDALE FL 33319

TITLE ☐ Change ☒ Addition  
NAME CASCIO, CAROL  
STREET ADDRESS 4441 N.W. 59 ST.  
CITY-ST-ZIP FT. LAUDERDALE FL 33319

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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

Date

Daytime Phone #

9-12-00 954-968-1544

CR2E034 (5/00)