

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90091 037 ***150.00

DOCUMENT # **p99000006185**

1. Entity Name

C.S.C. ASSOCIATED ENTERPRISES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6879 W. COMMERCIAL BLVD

Suite, Apt. #, etc.

3. Mailing Address

6879 W. COMMERCIAL BLVD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

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**

7. Name and Address of Current Registered Agent

Name

KENNETH BEDNAR

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

515 N. FLAGLER DR. 5-600

City

W. PALM BEACH

FL

Zip Code

33401

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PRESIDENT	CAROL CASCO	4441 N.W. 59 ST FT. LAUDERDALE FL 33319	
VICE-PRESIDENT	STEVEN J CASCO	4441 NW 59 ST FT. LAUDERDALE FL 33319	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN J. CASCO

Date

Daytime Phone #

9/12/02 954-8181281

Attachment
Dr. #

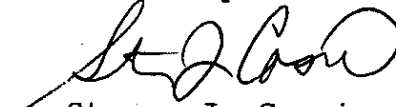
CSC Associated Enterprises
6879 W. Commercial Boulevard
Tamarac, FL 33319

09/12 02

To Whom it may concern,

As of today we still have not received our Uniform Business Report Booklet. I am enclosing a check for 150.00 and a form that I printed off the State of Florida website as I was instructed to do when I called the Dept. of Corporations. In the past we have always received the form in the mail. Just in case there was a mistake, the correct mailing address is above. Thank you for your help in this matter.

Sincerely.



Steven J. Cascio
Vice President