2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 03, 2000 8:00 am DOCUMENT # **P9900007052 Secretary of State** CASABIANCA, INC. 03-03-2000 90269 034 ***150.00 Principal Place of Business Mailing Address 901 N.W. 41ST AVENUE 901 N.W. 41ST AVENUE MIAMI FL 33126-3637 MIAMI FL 33126 8270 S.W. 2. Principal Place of Business 3. Mailing Address S.W. 205 *8*270 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable njami iami Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Hammon HAMMON, LORI Street Address (P.O. Box Number is Not Acceptable) 901 N.W. 41ST AVENUE **MIAMI FL 33126** 5.W. 205 s+. 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Director Addition □ Delete TITLE TITLE _ori Hammon HAMMON, LORI 5W 205 8270 STREET ADDRESS 8270 S.W. 205TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33189 ☐ Delete Change Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP Managing Dir ☐ Delete Change Addition TITLE TITLE Bianca NAME MAME STREET ADDRESS STREET ADDRESS 33126 CITY-ST-ZIP CITY-ST-ZIE ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2000

305-969-1366

Daytime Phone #