

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017235

1. Entity Name

CASAMALL, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90014 040 ***150.00

| | |
|---|--|
| Principal Place of Business 12651 SOUTHWEST 16TH COURT SUITE 314 PEMBROKE PINES FL 33027 | Mailing Address 12651 SOUTHWEST 16TH COURT SUITE 314 PEMBROKE PINES FL 33027-2192 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 65-0899584 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | 7. Name and Address of New Registered Agent Name KENNETH LEB Street Address (P.O. Box Number is Not Acceptable) 12651 SW 16th Ct. # 314 City PEMBROKE PINES FL Zip Code 33027 | |
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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.

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| SIGNATURE Kenneth LeB Signature, typed or printed name of registered agent and title if applicable. | DATE 3/7/00 (NOTE: Registered Agent signature required when reinstating) |
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| 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD LEB, KEN 12651 SOUTHWEST 16TH COURT PEMBROKE PINES FL 33027 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

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|---|--------------------|-------------------------------------|
| SIGNATURE: Kenneth LeB SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | DATE 3/7/00 | DAYTIME PHONE # 954-646-1970 |
|---|--------------------|-------------------------------------|

CR2E034 (9/99)