FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90361 011 ***150.00

20039090

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080289

1. Entity Name
CASSKA ENTERPRISES USA, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
19112 WEST LAKE DRIVE	19112 WEST LAKE DRIVE
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: HIALEAH	City & State: HIALEAH
Zip: FL 33015 Country: U.S.A.	Zip: FL 33015 Country: U.S.A.

4. FEI Number: 65-0964241 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1840 Coral Way, 4th Floor

City: Miami FL Zip Code: 33145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required where name stated)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE	P D
NAME	C SINGH, ANITA
STREET ADDRESS	19112 WEST LAKE DRIVE
CITY-ST-ZIP	HIALEAH FL 33015
TITLE	T D
NAME	C SINGH, SHARAN
STREET ADDRESS	19112 WEST LAKE DRIVE
CITY-ST-ZIP	HIALEAH FL 33015
TITLE	D
NAME	CHANDRADATH SINGH, SHYAMAL
STREET ADDRESS	19112 WESTLAKE DRIVE
CITY-ST-ZIP	HIALEAH FL 33015
TITLE	D
NAME	C. SINGH, KESHAV
STREET ADDRESS	19112 WEST LAKE DRIVE
CITY-ST-ZIP	HIALEAH FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE	S
NAME	SPRINGER, PRANDAYE
STREET ADDRESS	~~P.O. Box 414066~~ 7601 E. TREASURE DR.
CITY-ST-ZIP	~~MIAMI~~ APPT # 1922, MIAMI, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Anita C. Singh 4-26-03 305-829-1698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #