

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105082

1. Entity Name

CASAGIFTS.COM INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90184 042 ***158.75

Principal Place of Business

Mailing Address

2922 ROLLMAN ROAD
ORLANDO FL 32837

2922 ROLLMAN ROAD
ORLANDO FL 32837

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

59-3616539

Applied For

Not Applicable

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

ANGUELO, MICHAEL
2922 ROLLMAN ROAD
ORLANDO FL 32837

Name

ANDREW ANQUELO

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

2922 Rollman Rd.

City

Orlando

FL

Zip Code

32837

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.

ANDREW ANQUELO PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

02-17-2000

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 \$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.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PRESIDENT	ANDREW ANQUELO	2922 Rollman Rd.	ORLANDO, FLA 32837	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V.P.	MICHAEL ANQUELO	3396 N.W. South River Dr.	ORLANDO MIAMI, FLA. 33142	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	BERNICE ANQUELO	2922 Rollman Rd.	ORLANDO, FLA. 32837	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

ANDREW ANQUELO

02-17-2000

Date

407-856-4045

Daytime Phone #

CR2E034 (9/99)