

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S75327

1. Entity Name

CASABLANCA CONSTRUCTION, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90070 025 ***150.00

Principal Place of Business

Mailing Address

1761 GLADIOLAS DR
SUITE A
WINTER PARK FL 32792-6224
US

P. O. BOX 2498
N2
GOLDENROD FL 32733-2498
US

020210



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7354 Grand Avenue
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Winter Park, Florida

City & State

4. FEI Number 59-3085619

Applied For
Not Applicable

Zip Country
32792 Orange

Zip Country

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

VELASQUEZ, SILVIO
1761 GLADIOLAS DR
WINTER PARK FL 32792

Name Silvio Velasquez
Street Address (P.O. Box Number is Not Acceptable)
7354 Grand Avenue
City Winter Park FL Zip Code 32792

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVTS ☐ Delete
NAME VELASQUEZ, SILVIO
STREET ADDRESS 1761 GLADIOLAS DR
CITY-ST-ZIP WINTER PARK FL

TITLE PVTS ☒ Change ☐ Addition
NAME
STREET ADDRESS 7354 Grand Avenue
CITY-ST-ZIP Winter Park, Florida 32792

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

03-15-2000 407-671-5407

Date

Daytime Phone #

CR2E034 (9/99)