

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V47035

1. Entity Name

CASSAL, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90169 033 ***150.00

C0005068



DO NOT WRITE IN THIS SPACE

Principal Place of Business 700 E. HWY 436 IHOP #53 CASSELBERRY FL 32707	Mailing Address 700 E. HWY 436 IHOP #53 CASSELBERRY FL 32707-5303
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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

4. FEI Number 59-3129017	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 SHAIRI, MAHMOOD 700 E. HWY 436 CASSELBERRY FL 32707
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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
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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	P SHAIRI, MAHMOOD 778 LULLWATER DR. OVIEDO FL 32765 <i>change address to</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>mahmood ghairi</i> 510 SONATA COURT WINTER SPRINGS FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEVAN, H J 1852 SUNNINGDALLE CT GUIEDO FL 32765	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: <i>[Signature]</i>	1/10/00	407-331-9022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034 (9/99)