


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 08, 2003 8:00 am
Secretary of State
 09-08-2003 90315 022 ***550.00

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DOCUMENT # P01000114144

1. Entity Name
C.A.S. DEVELOPMENT, INC.



Principal Place of Business
**14450 SW 95TH TERRACE
 MIAMI FL 33186**

Mailing Address
**14450 SW 95TH TERRACE
 MIAMI FL 33186**

2. Principal Place of Business
16155 SW 117 Ave #24

3. Mailing Address
16155 SW 117 Ave


Suite, Apt. #, etc.
BAY #24

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33127

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1156329** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**VER, CARMEN
 14450 SW 95 TERRACE
 MIAMI FL 33186**

7. Name and Address of New Registered Agent

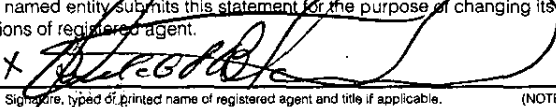
Name
OSWALDO P. BETANCOURT

Street Address (P.O. Box Number is Not Acceptable)
1915 S.W. 107 Ave, #402

City
MIAMI

FL Zip Code
33165

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  **OSWALDO P. BETANCOURT** DATE **9-5-03**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	<input type="checkbox"/> Delete
	P			
	BETANCOURT, OSWALDO	1915 SW 107 AVE #402	MIAMI, FL 33165	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **OSWALDO P. BETANCOURT** (305) 252-0633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)