

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91172 005 ***150.00

DOCUMENT # M10175

1. Entity Name

CAS INTERNATIONAL, INC.

Principal Place of Business

**10110 S.W. 115 AVENUE
 MIAMI FL 33176
 US**

Mailing Address

**PO. BOX 835181
 MIAMI FL 33283-5181
 US**

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

59-2533800

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

**SMATT, CHARLES
 10110 S.W. 115 AVENUE
 MIAMI FL 33176**

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)

(NOT: 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!
After MAY 1, 2001 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 **PD** ☐ Delete
 NAME **SMATT, CHARLES A**
 STREET ADDRESS **10110 S.W. 115 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33176**

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

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report; that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment
771446
ML10175

May 18, 2001

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Re: Tamiami Auto Body Supply Corporation
12988 SW. 132 Ave.
Miami Fl. 33186

Gentlemen:

Enclosed is our Check for \$150.00 in payment of the 2001 Uniform Business Report,
which was delayed by the previous registered agent.

We are respectfully requesting that the penalty be abated since this is the first time this
happens.

Truly yours



Alejandro Abreu, President