

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90056 008 ***150.00

0005089

DOCUMENT # P00000109066

1. Entity Name

CASA INTERNATIONAL CORP.

Principal Place of Business

Mailing Address

**9021 S.W. 188 TERRACE
 MIAMI FL 33157**

**9021 S.W. 188 TERRACE
 MIAMI FL 33157**

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

SEE ATTACHED APPLICATION & PAY PROOF

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

**NAUAMANN, CARLOS A
 9021 S.W. 188 TERRACE
 MIAMI FL 33157**

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

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, 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 **NAUAMANN, CARLOS A**
 STREET ADDRESS **9021 S.W. 188 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33157**

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

TITLE **S** ☐ Delete
 NAME **NAUAMANN, PRISCILLA M**
 STREET ADDRESS **9021 S.W. 188 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33157**

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

TITLE **D** ☐ Delete
 NAME **NAUAMANN, CARLOS**
 STREET ADDRESS **9021 S.W. 188 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33157**

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

TITLE **D** ☐ Delete
 NAME **NAUAMANN, ANDRE**
 STREET ADDRESS **9021 S.W. 188 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33157**

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

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
 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:

Carlos A. Naumann

CARLOS A. NAUMANN PRES. 4/26/01 305 871 3163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment 967899
Fax. # 00000109066

Division of Corporations
Uniform Business Report Filings
Tallahassee, Fl.
Re: CASA INTERNATIONAL CORP

4/26/2001

Please see attached FEI application sent to IRS by Fax on April 13, the number is supposed to be Faxed back to the applicant within 8 working days. Today is April 26, 2001 and no answer from IRS.

Also attached is FAX proof.

Thanks,



Carlos A Naumann, President

Attachment Doc. # P00000109066 967899

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

▶ Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) CASA INTERNATIONAL CORP.	
	2 Trade name of business (if different from name on line 1) —	3 Executor, trustee, "care of" name CARLOS A. NAUMANN
	4a Mailing address (street address) (room, apt., or suite no.) 9021 S.W. 188 TERR.	5a Business address (if different from address on lines 4a and 4b) —
	4b City, state, and ZIP code MIAMI FL 33157	5b City, state, and ZIP code —
	6 County and state where principal business is located DADE CO. FLORIDA	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ CARLOS A. NAUMANN P/D	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- | | |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Estate (SSN of decedent) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> REMIC | <input type="checkbox"/> Other corporation (specify) ▶ |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶ | (enter GEN if applicable) |
| <input type="checkbox"/> Other (specify) ▶ | |

8b If a corporation, name the state or foreign country (if applicable) where incorporated State **FLORIDA** Foreign country

- 9 Reason for applying (Check only one box.) (see instructions)
- | | |
|---|--|
| <input type="checkbox"/> Started new business (specify type) ▶ | <input type="checkbox"/> Banking purpose (specify purpose) ▶ |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.) | <input type="checkbox"/> Changed type of organization (specify new type) ▶ |
| <input type="checkbox"/> Created a pension plan (specify type) ▶ | <input type="checkbox"/> Purchased going business |
| | <input type="checkbox"/> Created a trust (specify type) ▶ |
| | <input checked="" type="checkbox"/> Other (specify) ▶ YEARLY REPORT |

10 Date business started or acquired (month, day, year) (see instructions) **11/27/2000** 11 Closing month of accounting year (see instructions) **DEC**12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) **N/A**13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) Nonagricultural **0** Agricultural Household14 Principal activity (see instructions) ▶ **CONSULTANT**15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☒ Public (retail) ☐ Other (specify) ▶ **N/A**17a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No
Note: If "Yes," please complete lines 17b and 17c.17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) **1976** City and state where filed **FLORIDA** Previous EIN **591769232**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

CARLOS A. NAUMANN
PRESIDENT

Name and title (Please type or print clearly.) ▶

Signature ▶

Date ▶ **4/13/2001**

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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Attachment Doc # 000000109066 967899

HP OfficeJet
Personal Printer/Fax/Copier

Fax Log Report for
ADA ENGINEERING, INC. MIA
3058716408
Apr-13-01 10:28 AM

Identification

Result

Pages Type

Date

Time

Duration Diagnostic

16785306156

OK

01

Sent

Apr-13

10:27A

00:01:01 002486030022

1.3.0 2.8

IRS FAX #