

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.

Suite, Apt. #, etc.

BAY #24

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33127

Country

Zip

33127

Country

4. FEI Number

65-1156329

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Oswaldo P. Betancourt

9-5-03

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	P	<input type="checkbox"/> Delete
NAME	BETANCOURT, OSWALDO	
STREET ADDRESS	9450 SW 145TH COURT 1915 SW 107 AVE #402	
CITY-ST-ZIP	MIAMI FL 33186 MIAMI, FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 687, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oswaldo P. Betancourt

(305) 252-0633

Date

Daytime Phone #

CR2034 (4/03)