

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90313 013 ***150.00

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FP

DOCUMENT # P02000022712

1. Entity Name
CASS2413, INC



Principal Place of Business
**1290 WEST RD., SUITE 306
WESTON FL 33326**

Mailing Address
**1290 WEST RD., SUITE 306
WESTON FL 33326**

2. Principal Place of Business
15815 SW 48 Place

3. Mailing Address
Idem

Suite, Apt., #, etc.
Idem

City & State
Idem FL

City & State

4. FEI Number
02-0552304

Applied For
Not Applicable

Zip
33027

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GBS CONSULTANTS
1290 WESTON ROAD
SUITE 306
WESTON FL 33326**

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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
ALARCON, NATASHA
1570 SALERNO CIRCLE
WESTON FL 33327**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
Humberto Contasta
1570 salerno circle
Weston FL 33327**

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/08/03 (954) 3859526

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

10111488
#P02000025712

September 5, 2003

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

RE: CASS2413, Inc.
FEIN No. 02-0552304

We would like to request before your honorable department our company's exception to pay penalties generated by late filing of 2002 Uniform Business Report.

The reason of our delay was basically due to a change of address of our Corporation that ended up in not receiving UBR from in a timely manner. Since this is our first year in business and because of our inexperience dealing with this report we failed filling deadline.

You will find enclosed our UBR 2003 and check No. 105 for \$ 150.00

We hope you might understand our exposition.

Looking forward to hearing from you soon.

Sincerely,

Natasha Alarcón
President