

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

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90064 033 ***150.00

DOCUMENT # **P980000 86309**

1. Entity Name

ROS-CAS BUSINESS ENTERPRISES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

29601 SW 162nd AVE.

Suite, Apt. #, etc.

3. Mailing Address

29601 SW 162nd AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

B0050168

City & State

HOMESTEAD-FL

Zip

33033

Country

DADE

City & State

HOMESTEAD-FL

Zip

33033

Country

DADE

4. FEI Number

65-0868025

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

VICTOR W. CASTRO

Street Address (P.O. Box Number is Not Acceptable)

29601 S.W. 162 AVENUE

City

HOMESTEAD

FL

Zip Code

33033

**DO NOT WRITE
IN THIS SPACE**

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]

VICTOR W. CASTRO

2-28-02

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This Corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	D/P/S
NAME	VICTOR W. CASTRO
STREET ADDRESS	29601 S.W. 162 AVENUE
CITY - ST - ZIP	HOMESTEAD-FL 33033
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

VICTOR W. CASTRO

2-28-02

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #