

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90057 027 \*\*\*150.00

**DOCUMENT # P99000032885**

1. Entity Name

**CAS ACCOMMODATION SERVICES, INC.**

Principal Place of Business

Mailing Address

**8100 GENEVA CT., APT. C-237**  
**MIAMI FL 33166****8100 GENEVA CT., APT. C-237**  
**MIAMI FL 33166**

2. Principal Place of Business

**4720 NW 102 AVE**

3. Mailing Address

**4720 NW 102 AVE**

Suite, Apt. #, etc.

**#203**

Suite, Apt. #, etc.

**#203**

City &amp; State

**MIAMI FL**

City &amp; State

**MIAMI FL**

Zip

Country

**33178****DADE**

Zip

Country

**33178****DADE**

4. FEI Number

**65-0914928**

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

**OZCAN, MERCEDES****8100 GENEVA CT., APT. C-237**  
**MIAMI FL 33166**

Name

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

**4720 NW 102 AVE #203**

City

**MIAMI****FL**

Zip Code

**33178**

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)

**2/22/01**

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 **D** ☐ Delete  
NAME **OZCAN, MERCEDES**  
STREET ADDRESS **8100 GENEVA CT., APT. C-237**  
CITY-ST-ZIP **MIAMI FL 33166**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4720 NW 102 AVE #203**  
CITY-ST-ZIP **MIAMI FL 33178**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/22/01 305 4771391**

Date

Daytime Phone #

CR2E034 (10/00)