

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

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90066 019 ***150.00

DOCUMENT # **533774**

1. Entity Name

C.S. ENGINEERED CASTINGS, INC.

DO NOT WRITE IN THIS SPACE

825432

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2. Principal Place of Business

1025 S.E. 5TH STREET

Suite, Apt. #, etc.

3. Mailing Address

1025 S.E. 5TH STREET

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

City & State

HIALEAH, FLORIDA

4. FEI Number

65-0258683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip

33010

Country

DADE

Zip

33010

Country

DADE

7. Name and Address of Current Registered Agent

Name

VELEZ, MICHAEL A.

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

1025 S.E. 5TH STREET

City

HIALEAH

FL

Zip Code

33010

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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, 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) ☐

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
VELEZ, MICHAEL A.
1025 S.E. 5TH STREET
HIALEAH, FL 33010**

TITLE
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/02 (305) 887-9526

CR2E034B (12/01)