

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90040 040 \*\*\*150.00

**DOCUMENT # P97000092421**

1. Entity Name

**CASTRO STEIN & ASSOCIATES, INC.**

Principal Place of Business

2430 BRICKELL AVE.  
 APT. 307-A  
 MIAMI FL 33129

Mailing Address

2430 BRICKELL AVE.  
 APT. 307-A  
 MIAMI FL 33129-2458

2. Principal Place of Business

**206 46 NE 25 COURT**

Suite, Apt. #, etc.

3. Mailing Address

**206 46 NE 25 COURT**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**65-0792007**

Applied For

Not Applicable

Zip

**33180**

Country

Zip

**33180**

Country

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

**STEIN, JUAN J**  
**2430 BRICKELL AVE.**  
**APT. 307-A**  
**MIAMI FL 33129**

Name

**STEIN, JUAN J**

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

**206 46 N.E. 25 COURT**

City

**MIAMI**

**FL**

Zip Code

**33180**

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>STEIN, JUAN</b>
STREET ADDRESS	<b>2430 BRICKELL AVE APT 307A</b>
CITY-ST-ZIP	<b>MIAMI FL 33129</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>CASTRO, EDUARDO</b>
STREET ADDRESS	<b>2430 BRICKELL AVE APT 106-A</b>
CITY-ST-ZIP	<b>MIAMI FL 33129</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEIN, JUAN J</b>
STREET ADDRESS	<b>206 46 N.E. 25 COURT</b>
CITY-ST-ZIP	<b>MIAMI, FL 33180</b>
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	
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	

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: *Juan J Stein* **STEIN, JUAN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/00**  
 Date

**(305) 496-9023**  
 Daytime Phone #

CR2E034 (9/99)