

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90214 031 ***150.00

0776043 AV

DOCUMENT # P99000047854

1. Entity Name

CASTANET INVESTMENT CONSULTING INC.

Principal Place of Business

**15031 SW 143RD STREET
 MIAMI FL 33196**

Mailing Address

**15031 SW 143RD STREET
 MIAMI FL 33196**

2. Principal Place of Business

6481 SW 163 Ct

3. Mailing Address

6481 SW 163 Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

miami, FL

City & State

miami, FL

Zip

33193

Country

Dade

Zip

33193

Country

Dade

4. FEI Number

65-0924280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CANAS, ALEX

**15031 SW 143RD STREET
 MIAMI FL 33196**

7. Name and Address of New Registered Agent

Name

Canas, Alex

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

6481 SW 163 Ct.

City

miami

FL

Zip Code
33193

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, 2002 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

TITLE **PD** ☐ Delete
 NAME **CANAS, ALEX**
 STREET ADDRESS **15031 SW 143RD STREET**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE **VD** ☐ Delete
 NAME **CANAS, CARLA**
 STREET ADDRESS **15031 SW 143RD STREET**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **Canas, Alex**
 STREET ADDRESS **6481 SW 163 Ct**
 CITY-ST-ZIP **miami, FL 33193**

TITLE **VD** ☒ Change ☐ Addition
 NAME **Canas, Carla**
 STREET ADDRESS **6481 SW 163 Ct**
 CITY-ST-ZIP **miami, FL 33193**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02
 Date

305-431-1409
 Daytime Phone #

CR2E034 (9/01)