

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000059577

FILED
Jan 02, 2003
Secretary of State

Entity Name: LAW OFFICES OF HERNAN CASTRO, P.A.

Current Principal Place of Business:

5104 NORTH ORANGE BLOSSOM TRAIL
SUITE 216
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

5104 NORTH ORANGE BLOSSOM TRAIL
SUITE 216
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 59-3586255 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTRO, HERNAN
5104 NORTH ORANGE BLOSSOM TRAIL
SUITE 216
ORLANDO, FL 32810

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CASTRO, HERNAN ESQ
Address: 5104 N ORANGE BLOSSOM TRAIL SUITE 216
City-St-Zip: ORLANDO, FL 32810

Title: S () Delete
Name: CASTRO, LAURA
Address: 5104 N ORANGE BLOSSOM TRAIL STE 216
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERNAN CASTRO, ESQ.

DP

01/02/2003

Electronic Signature of Signing Officer or Director

_____ Date