

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90045 027 ****50.00

DOCUMENT # L01000017874

1. Entity Name

CASTRO BROTHERS INVESTMENTS L.C.



Principal Place of Business

Mailing Address

~~338 MINORCA AVE.~~
~~CORAL GABLES FL 33134.~~

~~338 MINORCA AVE.~~
~~CORAL GABLES FL 33134.~~

2. Principal Place of Business

3. Mailing Address

2588 SW 27 Ave

2588 SW 27th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FL

City & State

MIAMI - FL

Zip

33133

Country

U.S

Zip

33133

Country

U.S

4. FEI Number

65-1145475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INTERNATIONAL REGISTERED AGENTS CORP
338 MINORCA AVE.
CORAL GABLES FL 33134.

Name

ANTONIO GARCIA

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

2588 SW 27th AVE

City

MIAMI

FL

Zip Code

33133

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-1-03

DATE

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	CASTRO, BEATRIZ CRISTINA	
STREET ADDRESS	AVE. 116 #44-34, APT 305	
CITY-ST-ZIP	BOGOTA COLOMBIA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

4-1-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)