

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000068552

Entity Name: CASTLE INSURANCE CLAIMS INC.

Current Principal Place of Business:

13995 SW 144 AVE UNIT 210
MIAMI, FL 33186

Current Mailing Address:

13995 SW 144 AVE UNIT 210
MIAMI, FL 33186 US

FEI Number: 83-0123004

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

URROZ, JORGE
5666 SW 149 PLACE
MIAMI, FL 33193 US

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

Officer/Director Detail :

Title P
Name URROZ, JORGE
Address 13995 SW 144 AVE UNIT 210
City-State-Zip: MIAMI FL 33186

I hereby 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 all other like empowered.

SIGNATURE: JORGE URROZ

PRESIDENT

03/01/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date