

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 626631**

1. Entity Name

CASTAWAYS MANAGEMENT, INC.

Principal Place of Business

**16445 COLLINS AVENUE
MIAMI BEACH FL 33160
US**

Mailing Address

**16445 COLLINS AVENUE
MIAMI BEACH FL 33160
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address
16400 Collins Avenue

Suite, Apt. #, etc.

City & State
Miami Beach, FL 33160

Zip

Country
USA4. FEI Number **59-1924821**

Applied For

Not Applicable

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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**Name
Ronald FieldstoneStreet Address (P.O. Box Number is Not Acceptable)
201 Alhambra Circle, Suite 601City
Coral Gables**FL**Zip Code
33134

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 _____ DATE **4/20/01**

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
DITTERICH, FRANZ C
16420 COLLINS AVENUE
MIAMI BEACH FL 33160** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPAS
Ingrid Angele
16400 Collins Avenue
Miami Beach, FL 33160** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPAS
FLAMMERSFELD, GEERT W
16420 COLLINS AVENUE
MIAMI BEACH FL 33160** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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☐ Change ☐ AdditionTITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ingrid Angele

Date

305-947-9594

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)