## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3807 NE 168 ST.

% ADOLPH CASTAGNA

NORTH MIAMI BEACH FL 33160-3552

## **DOCUMENT # 717727** 1. Entity Name

Principal Place of Business

NORTH MIAMI BEACH FL 33160

% ADOLPH CASTAGNA

3807 NE 168 ST.

CITY-ST-ZIP

## ALGIBB CASTLE ASSOCIATION, INC.

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2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Number 65-0354557				oplied For ot Applicable	7
Zip Country		Zip Cou		try	5. Certificate	of Status Desired	□ <b>\$</b>	8.75 Add	ditional	1
	6. Name and Address of Current I	Registered Agent	<u>'                                    </u>	<del>.</del>	7. Name and	Address of New Re	gistered Ag	ent		1
				Name						
3807 N.E.	IA ADOLPH J	The second secon	<b>-</b>	Street Address	(P.O. Box Number	is Not Acceptable)			>	- - - -
NORTH M	IIAMI BEACH FL 33160	City			<u> </u>	FL	Zip Cod	e	1	
9 The above	named entity submits this statement for	r the purpose of changing its	rogietorod	office or registr	ared agent, or both	n in the state of Flori				-
e. The above	marined entity subtritis this statement for	the purpose of changing its	registered	Office of registe	ered agent, or both	i, in the state of Fion	ou.			
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable (NOT	le if applicable (NOTE: Registered Agent signature required				DATE	·		
					<del></del> -					1
	FILE NOW:			10 May Be Make Check Payable to			)			
	FEE IS \$61.25	Trust Fund Contrib	ution.	☐ Àdde	ed to Fees	Dep	artment o	of State		
10.	OFFICERS AND DIR	RECTORS	11.		ADDITIONS/CHA	NGES TO OFFICER	S AND DIRE	CTORS IN	I 10	1
TITLE	DV	☐ Delete	TITLE	<u> </u>				Change	☐ Addition	<b>7</b> 6
NAME	CASTAGNA,ADOLPH J		NAME							0,7
STREET ADDRESS	3807 NE 168TH STREET		STREET CITY-S	ADDRESS						E037
CITY-ST-ZIP	NORTH MIAMI BEAC FL 33160			1-217				T Change	Addition	<u>اۋ</u>
TITLE NAME	D Johnston, Francis E.	☐ Delete	TITLE NAME				l	Change	L Addition	1
STREET ADDRESS	3807 NE 168TH STREET			ADDRESS						1
CITY-ST-ZIP	NORTH MIAMI BEAC FL 33160		CITY-S	T-ZIP						
TITLE	DP	☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition	1
NAME	CASTAGNA, MARIE N		NAME							
STREET ADDRESS	3807 NE 168TH STREET			ADDRESS						
CITY-ST-ZIP	N MIAMI BCH. FL 33160		CITY-S	T-ZIP						-
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NAME			" NAME	ADDDECC	•		-	-	- <del>Ta</del>	-
STREET ADDRESS CITY-ST-ZIP			CITY-S	ADDRESS						1
TITLE		□ Delete	TITLE					Change	Addition	1
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STREET ADDRESS				ADDRESS						
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TITLE		□ Delete	TITLE					Change	☐ Addition	1
NAME			NAME							
STREET ADDRESS	ļ		STREET	ADDRESS						

CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE REQUIRED MARIE N. CASTAGNA 949 95 72

**FILED** 

Jan 25, 2000 8:00 am

**Secretary of State** 

01-25-2000 90006 017 \*\*\*\*61.25