

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001801**

1. Entity Name

CASTLE TWO, LTD.

FILED

00 FEB -4 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
12550 BISCAYNE BLVD., SUITE 215
NORTH MIAMI FL 33181

Mailing Address
12550 BISCAYNE BLVD., SUITE 215
NORTH MIAMI FL 33181-2536

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0857959

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GREEN, PATRICIA K
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI FL 33130

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$99.90

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000046470
NAME CASTLE TWO CORP.
STREET ADDRESS 12550 BISCAYNE BLVD., SUITE 215
CITY - ST - ZIP NORTH MIAMI FL 33181

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT # P98000104819
NAME ROYAL II CORP.
STREET ADDRESS 12550 BISCAYNE BLVD., SUITE 215
CITY - ST - ZIP NORTH MIAMI FL 33181

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT # L99000002148
NAME AMBLING MANGONIA, LLC
STREET ADDRESS 348-B ENTERPRISE DRIVE
CITY - ST - ZIP VALDOSTA GA 31601

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

14. 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 General Partner of the limited partnership; the receiver or trustee empowered to execute this report, as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone

2/1/00

305 891-33