

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G06135

1. Entity Name

CASTELLANOS DRAPERY HARDWARE, INC.

FILED  
Apr 25, 2001 8:00 am  
Secretary of State

04-25-2001 90041 035 \*\*\*150.00

Principal Place of Business

111 N.W. 79TH STREET  
MIAMI FL 33150

Mailing Address

111 N.W. 79TH STREET  
MIAMI FL 33150

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2239862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASTELLANOS, RIGOBERTO  
111 NW 79TH STREET  
MIAMI FL 33150

7. Name and Address of New Registered Agent

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. 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

TITLE VP  
NAME LOPEZ, MARIA T  
STREET ADDRESS 12801 SW 25 TERR  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE V  
NAME CASTELLANOS, RIGOBERTO J  
STREET ADDRESS 3325 N.W. 3RD ST.  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE S  
NAME GALIANA, TOMAS  
STREET ADDRESS 115 MADEIRAS CORAL G  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE VT  
NAME ISABEL, MEIZOSO  
STREET ADDRESS 8601 N.E. 8TH CT.  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE P  
NAME CASTELLANOS, RIGOBERTO S  
STREET ADDRESS 2500 SW 6TH STREET #301  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (10/00)