2002 UNIFORM BUSINESS REPORT (UBR) Feb 21, 2002 8:00 am

DOCUMENT # G08349 1. Entity Name CASPAD REALTY INC.					Secretary of State 02-21-2002 90172 005 ***150.00			
6004 VISTA L BOCA RATON US	N FL 33432	Mailing Address 6004 VISTA LINDA LANE BOCA RATON FL 33432 US						
2. Principal F 6004 Suite, Apt.		3. Mailing Address, 6004 VISTA L Suite, Apt. #, etc.	INDA LA	Ne		TE IN THIS SPACE	ITOFO OTDIT TOFF	
City & Stat	RATON, FL.	BOCA RATON, FL.			4. FEI Number 59-2298190 Applied For Not Applicable			
3343		33433	Country U.S.F		5. Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current F	Registered Agent	Name		7. Name and Address of New F	Registered Agent		
SPADARO DONALO I					IUEL CASTELO			
21365 GOSIER WAY					D. Box Number is Not Acceptable	gle TRA.L		
BOCA RATON FL 33428						σ		
			City	>a)(a)	s Brach	FL Zip Cod	441	
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or	registered			770	
SIGNATURE	MANUEL CASTE Signature, typed or printed name of registered agent as	do NOTE:	Registered Agent signatu	Lazi	en reinstating)	2-5-1003 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, 2002 Fee will be \$550.00 Make Check Payable to Department of States					10. Election Campaign Fir Trust Fund Contribution	~ ~ ~	May Be	
11.	OFFICERS AND D	DIRECTORS	12.		ADDITIONS/CHANGES TO OFF		S IN 11	
TITLE. NAME STREET ADDRESS CITY;ST-ZIP	STD Castelo Jr, Manuel 20040 Ocean Key Drive Boca Raton Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 MA: 1600	vuel Costelo o Double Eagl Dray Beach Fl	Change LTC. 3344	☐ Addition 3	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPADARO, ANGELO 6004 VISA LINDA LANE BOCA RATON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
indicated	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee emporemental control or the receiver or trustee emporemental control or the receiver or trustee	true and accurate and that m	v signature shall ha	ave the sar	ne legal effect as if made under i	oath: that I am an officer	or director	