

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90206 019 \*\*\*150.00

DOCUMENT # **H19734**



1. Entity Name  
**PELMAR INVESTMENT INC.**

Principal Place of Business  
~~9549 LAVILL CT~~  
**WINDERMERE FL 32786**

Mailing Address **To Pedro Castro**  
~~9549 LAVILL CT~~  
~~WINDERMERE FL 32786~~



2. Principal Place of Business  
**5820 LUZON PL.**

3. Mailing Address  
**1302 CASTLEPORT RD**

CHECK HERE IF MAKING CHANGES

City & State  
**ORLANDO, Florida**

City & State  
**WINTER GARDEN, FL.**

4. FEI Number  
**59-2448966**

Applied For  
 Not Applicable

Zip  
**32809**

Country  
**USA.**

Zip  
**34787**

Country  
**USA**

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**

**CASTRO, PEDRO**  
~~9549 LAVILL CT.~~  
**WINDERMERE FL 32786**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1302 CASTLEPORT RD.**  
**Winter Garden FL** Zip Code **34787**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Delete  
NAME **D CASTRO, LOURDES**  
STREET ADDRESS ~~9549 LAVILL CT~~  
CITY-ST-ZIP ~~WINDERMERE FL~~

Change  Addition  
TITLE NAME  
STREET ADDRESS **1302 CASTLEPORT RD**  
CITY-ST-ZIP **WINTER GARDEN, FL. 34787**

TITLE  Delete  
NAME **DP CASTRO, PEDRO J.**  
STREET ADDRESS ~~9549 LAVILL CT~~  
CITY-ST-ZIP ~~WINDERMERE FL~~

Change  Addition  
TITLE NAME  
STREET ADDRESS **1302 CASTLEPORT RD.**  
CITY-ST-ZIP **WINTER GARDEN, FL. 34787**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE NAME  
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 607, 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: **Pedro J. Castro**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/10/03** Daytime Phone # **407-856-5898**

CR2E034 (10/02)