

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K13415

1. Entity Name  
**GILBERTO CASTILLO CORPORATION**

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90213 028 \*\*\*150.00

Principal Place of Business

9900 SW 62ND ST  
MIAMI FL 33173  
US

Mailing Address

9900 SW 62ND ST  
MIAMI FL 33173  
US

2. Principal Place of Business

20771 SW 172 AVE

3. Mailing Address

20771 SW 172 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33187

Country

MIAMI - DADG

Zip

33187

Country

MIAMI - DADG

6. Name and Address of Current Registered Agent

CASTILLO, GILBERTO  
9900 SW 62ND ST  
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name  
GILBERTO CASTILLO

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

20771 SW 172 AVE

City

MIAMI

FL

Zip Code

33187

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

3/4 - 2001

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
CASTILLO, GILBERTO  
9900 SW 62 ST  
MIAMI FL 33173  
20771 SW 172 AVE  
MIAMI FL 33187

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CASTILLO, GILBERTO  
9900 SW 62 ST  
MIAMI FL 33173  
20771 SW 172 AVE  
MIAMI FL 33187

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
NAME  
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☐ Change ☐ Addition

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

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

GILBERTO CASTILLO

Date

Daytime Phone #

3/4-01 305-235 1278

CR2E034 (10/00)

0215900