## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

NATURE AND TYP

DORP

## FILED Feb 27, 2001 8:00 am **DOCUMENT # K32023** Secretary of State 1. Entity Name NEW CASTLE INVESTMENTS (USA) INC. 02-27-2001 90298 045 \*\*\*150.00 Mailing Address Principal Place of Business 2299 SW 37 AVENUE 2299 SW 37 AVENUE, 4TH FLOOR MIAMI FL 33145 MIAMI FL 33145 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 98-0072023 City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YIP. ANTONIO Street Address (P.O. Box Number is Not Acceptable) 2299 S.W. DOUGLAS ROAD 4TH FLOOR **MIAMI FL 33145** City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Change ☐ Addition ☐ Delete TITLE TITLE PEREZ RECAO, ODETTE C NAME NAME STREET ADDRESS 2299 SW 37 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33145** Change ☐ Addition **VPD** Delete TITLE TITLE PEREZ RECAO, ISAAC NAME 2299 SW 37 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33145** Change ☐ Addition ☐ Delete TITLE TITLE RECAO DE PEREZ, ODETTE NAME NAME STREET ADDRESS STREET ADDRESS 2299 SW 37 AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33145** Change ☐ Addition TITLE ☐ Delete TITLE PEREZ RECAO, VICENTE NAME NAME STREET ADDRESS 2299 SW 37 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33145** ☐ Addition ☐ Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete DITE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 repeiver 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR



Attachment# K32023

1121 Crandon Boulevard, Key Biscayne, Florida 33149 / Phone (305) 361-9114 / Fax (305) 361-9331 UNIT OWNER ADDRESS INFORMATION

UNIT OWNER: NEW CASILE INVAHENTS	UNIT No.: C605
TELEPHONE No. 305 443 2508 WORK No. ()_	
OUT OF STATE ADDRESS & TELEPHONE NUMBER	
ADDRESS	
HOME PHONE() WORK PHONE()	
NOTE: THE FOLLOWING ADDRESS WILL BE USED TO MAI WORKORDERS OR OTHER MAILINGS FROM THE ASSOCIATION:	L ALL MAINTENANCE,
BILLING ADDRESS 2299 5W 37 Aven	702
BILLING ADDRESS 2299 5W 37 Aver MIAMI R 33145	
PHONE No. 305 443 2508 527 25	
CONTACT PERSON TONY YIP	
FROM: /-0/- 200/ TO: DATE	and the same of th
DATE DATE	<del></del>
CONTACT PERSON IN CASE OF AN EMERGENCY: To N	y YIP
PHONE No. 305 443 2508-25	•
SIGNATURE June DATE 2	-14-01