

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009724 AF

DOCUMENT # L00000007785

1. Entity Name  
DEL CASTILLO SAITCEVSKY & CUETER AND ASSOCIATES,

FILED

01 MAY 16 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1450 MADRUGA AVENUE, SUITE 200  
CORAL GABLES FL 33146

Mailing Address  
1450 MADRUGA AVENUE, SUITE 200  
CORAL GABLES FL 33146

2. Principal Place of Business  
3138 Commodore Plaza

3. Mailing Address

Suite, Apt. #, etc.  
313-314

Suite, Apt. #, etc.

City & State  
Coconut Grove, FL

City & State

Zip  
33133

Country  
USA

Zip

Country

4. FEI Number  
65-1021999

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUETER, ORLANDO  
1450 MADRUGA AVENUE, SUITE 200  
CORAL GABLES FL 33146

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

*Hector del Castillo President*

5/13/01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Carlos Saitcevsyky  
STREET ADDRESS Via President  
CITY-ST-ZIP 1450 Madruga Ave #200  
Coral Gables, FL 33146 ☒ Delete

TITLE NAME President  
STREET ADDRESS Hector del Castillo  
CITY-ST-ZIP 3138 Commodore Plaza #313-314  
Coconut Grove, FL 33133 ☒ Change ☐ Addition

TITLE NAME Orlando Cueter  
STREET ADDRESS President  
CITY-ST-ZIP 1450 Madruga Ave #200  
Coral Gables, FL 33146 ☒ 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 600004416456-8  
-06/12/01--01076--010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*SIGNATURE REQUIRED*

5/13/01

(808) 442-0504

CR2E083 (11/00)