

# 2001 UNIFORM BUSINESS REPORT (UBR)

0011783 AF

DOCUMENT # L00000013313

1. Entity Name

CASTILLO GRAND #2, L.L.C.

FILED

01 MAR 15 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1500 N. FEDERAL HIGHWAY, STE. 200  
FT. LAUDERDALE FL 33304

Mailing Address

1500 N. FEDERAL HIGHWAY, STE. 200  
FT. LAUDERDALE FL 33304

2. Principal Place of Business

2455 E. Sunrise Blvd.

3. Mailing Address

2455 E. Sunrise Blvd.

Suite, Apt. #, etc.

Suite 916

Suite, Apt. #, etc.

Suite 916

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33304

Country

USA

Zip

33304

Country

USA

4. FEI Number

65-1052799

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MASTRIANA, F. R

1500 N. FEDERAL HIGHWAY, STE. 200

FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

M. Bullard  
2325 Ulmerton Road, Ste. 20  
Clearwater, FL 33762

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

M. McNeel  
McNeel Capital, LTD/Van McNeel  
2325 Ulmerton Road, Ste. 20  
Clearwater, Florida 33762

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

MGRM  
Legacy Technologies, Inc./John McDonald  
2455 E. Sunrise Blvd., Ste. 20  
Pt. Lauderdale, Florida 33304

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

200100066493-4  
-03/26/01--01136--016  
\*\*\*\*110.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Ron Mastriana*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Ron Mastriana, Auth. Rep.

3-12-01

Date

954-566-1234

Daytime Phone #

CR2E083 (11/00)