2002 UNIFORM BUSINESS REPORT

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 01, 2002 8:00 am
Secretary of State
07-01-2002 90355 014 ****50.00

DOCUMENT # L01000015030

1. Entity Name
OLMEDO & DEL CASTILLO, LLC

DO NOT WRITE IN THIS SPACE

969637

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14212 NE 4th AVE	14212 NE 4th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33161 Country: USA	Zip: 33161 Country: USA

4. FEI Number: 65-1135657 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: JOSE MARTIN SANCHEZ

Street Address (P.O. Box Number is Not Acceptable): 14212 NE 4th AVE

City: MIAMI FL Zip Code: 33161

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is ~~$550.00~~
Amended UBR is $61.25
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	MANAGER PILAR OLMEDO 14212 NE 4th AVE MIAMI, FL 33161
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER ALFONSO DEL CASTILLO 14212 NE 4th AVE MIAMI, FL 33161
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

(305)891-8031

SIGNATURE: _____ ALFONSO DEL CASTILLO MGR. 6/24/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #