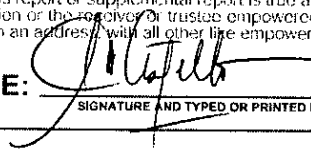


2002 UNIFORM BUSINESS REPORT
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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			
2. Principal Place of Business 14212 NE 4th AVE Suite, Apt. #, etc.		3. Mailing Address 14212 NE 4th AVE Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA Zip 33161 Country USA		City & State MIAMI, FLORIDA Zip 33161 Country USA	
4. FEI Number 65-1135657		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
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 is applicable. (NOTE: Registered Agent signature required when reinstating)			
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 \$950.00 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		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
MANAGER PILAR OLMEDO 14212 NE 4th AVE MIAMI, FL 33161			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		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		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS 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)(f), 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 life empowered.			
SIGNATURE: 		(305) 891-8031	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ALFONSO DEL CASTILLO MGR. 6/24/02		Date Daytime Phone #	

CR2E034B (12/01)