

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90055 037 ****50.00

DOCUMENT # L02000004107

1. Entity Name

CASTELLO INVESTMENTS, LLC



Principal Place of Business

484 HOLIDAY DRIVE
HALLANDALE FL 33009

Mailing Address

484 HOLIDAY DRIVE
HALLANDALE FL 33009

2. Principal Place of Business

300 SE 11th Avenue

Suite, Apt. #, etc.

106

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

Zip
33060

Country

USA

Zip

Country

4. FEI Number

27-0008174

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, THOMAS M
2400 EAST COMMERCIAL BLVD.
SUITE 820
FT. LAUDERDALE FL 33308

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
ALBU, STEVEN
484 HOLIDAY DRIVE
HALLANDALE FL 33009

☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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:

Steven Albu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/23/03

954 270-5890

Date

Daytime Phone #

CR2E083 (10/02)