

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90020 026 ***150.00

DOCUMENT # L22544

1. Entity Name
CASTELLI ENTERPRISES, INC.

Principal Place of Business

**4772 SW 72 AVE
 MIAMI FL 33155
 US**

Mailing Address

~~**9134 SW 65 ST
 MIAMI FL 33173
 US**~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33155

U.S.A.

4. FEI Number

65-0155486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASTELLI HERMAN
 9134 SW 65TH ST
 MIAMI FL 33173**

Name

HERMAN CASTELLI

Street Address (P.O. Box Number is Not Acceptable)

4772 SW 72 AVE

MIAMI

City

FL

Zip Code

33155

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/02

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **CASTELLI, HERMAN**
 STREET ADDRESS **9134 SW 65 ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE **P** ☒ Change ☐ Addition
 NAME **CASTELLI HERMAN**
 STREET ADDRESS **4772 SW 72 AVE**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE **S** ☐ Delete
 NAME **CASTELLI, MIRIAM**
 STREET ADDRESS **9134 SW 65 ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE **S** ☒ Change ☐ Addition
 NAME **CASTELLI MIRIAM**
 STREET ADDRESS **4772 SW 72 AVE**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **President**

Date

4/23/02 305 662-2454

Daytime Phone #

CR2E034 (9/01)