

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90015 047 ***150.00

DOCUMENT # L82175

1. Entity Name
JORCAST, INC.

Principal Place of Business

~~%JORGE E. CASTILLO~~
~~1921 N. 50 AVENUE~~
~~HOLLYWOOD FL 33021-4015~~

Mailing Address

~~%JORGE E. CASTILLO~~
~~1921 N. 50 AVENUE~~
~~HOLLYWOOD FL 33021-4015~~

**1921 N.W. 74th AVE. PEMBROKE PINES
 FL. 33024**

2. Principal Place of Business

1921 N.W. 74th AVE.

3. Mailing Address

1921 N.W. 74th AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL.

City & State

PEMBROKE PINES, FL.

4. FEI Number **65-0220830**

Applied For

Not Applicable

Zip

33024

Country

BROWARD

Zip

33024

Country

BROWARD

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, JORGE E.
1921 N. 50 AVENUE
HOLLYWOOD FL 33021-4015

1921 N.W. 74th AVE.
PEMBROKE PINES, FL. 33024

7. Name and Address of New Registered Agent

Name **JORGE CASTILLO**

Street Address (P.O. Box Number is Not Acceptable)
1921 N.W. 74th AVE.

City **PEMBROKE PINES, FL** Zip Code **33024**

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

[Handwritten Signature]

4-20-2001

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 Delete
 NAME **D CASTILLO, JORGE E.**
 STREET ADDRESS ~~1921 N. 50 AVE.~~ **1921 N.W. 74th AVE**
 CITY-ST-ZIP ~~HOLLYWOOD FL~~ **PEMBROKE PINES, 33024**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CASTILLO, ELENA L.**
 STREET ADDRESS **1921 N. 50 AVE. SAME**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 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: *[Handwritten Signature]* **JORGE CASTILLO** **4-20-2001**

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

[Handwritten Signature] **ELENA CASTILLO**

CR2E034 (10/00)