

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90064 035 ***155.00

DOCUMENT # L82175

1. Entity Name
JORCAST, INC.

Principal Place of Business
1921 NW 74TH AVE
PEMBROKE PINES FL 33024

Mailing Address
1921 NW 74TH AVE
PEMBROKE PINES FL 33024



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1921 N.W. 74TH AVE

Suite, Apt. #, etc.
PEMBROKE PINES,

City & State
FLORIDA,

Zip
33024

Country
BRUNARD

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

City & State
SAME

Zip
SAME

Country

4. FEI Number **65-0220830**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, JORGE E.
1921 NW 74TH AVE
PEMBROKE PINES FL 33024

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.

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) ☐

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

TITLE **D** ☐ Delete
NAME **CASTILLO, JORGE E.**
STREET ADDRESS **1921 NW 74TH AVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **D** ☐ Delete
NAME **CASTILLO, ELENA L.**
STREET ADDRESS **1921 NW 74TH AVE**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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:

Jorge Castillo **JORGE CASTILLO, 8ST. 8-2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-963-6199

Date

Daytime Phone #

CR2E034 (9/01)