

2001 UNIFORM BUSINESS REPORT (UBR)

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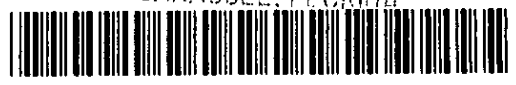
DOCUMENT # L96000000189

1. Entity Name
CASTANO GROUP, L.C.

Principal Place of Business
C/O NICOLAS J. GUTIERREZ, JR.
1101 BRICKELL AVE., SUITE 1400
MIAMI FL 33131

Mailing Address
C/O NICOLAS J. GUTIERREZ, JR.
1101 BRICKELL AVE., SUITE 1400
MIAMI FL 33131

FILED
01 APR -2 PM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0849414** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GUTIERREZ, NICOLAS J JR.
% NICOLAS J. GUTIERREZ JR.
1101 BRICKELL AVE., SUITE 1400
MIAMI FL 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

900003932909--7
-04/11/01--01108--017
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	BETANCOURT, NICOLAS JR	19420 S.W. 87TH AVE.	MIAMI FL 33157	<input type="checkbox"/>
MGR	CASTANO, JOSEFINA D	219 ROMANO AVENUE	CORAL GABLES FL 33134	<input type="checkbox"/>
MGR	CASTANO, AMPARO G	8030 S.W. 63RD PLACE	MIAMI FL 33143	<input type="checkbox"/>
MGR	GUTIERREZ, CARLOS E	7446 S.W. 54TH AVENUE	MIAMI FL 33143-5814	<input type="checkbox"/>
MGR	GUTIERREZ, NICOLAS J JR.	1101 BRICKELL AVE., SUITE 1400	MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Nicolas J. Gutierrez Jr.* **3/29/01** **(305) 373-0330**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)