


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0013628

**DOCUMENT # L96000000189**

1. Entity Name  
**CASTANO GROUP, L.C.**



**FILED**

03 MAY -5 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

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

2. Principal Place of Business  
*2665 S. Bayshore Dr.*  
Suite, Apt. #, etc.  
*Suite 200*  
City & State  
*Miami, FL*  
Zip  
*33133* Country  
*U.S.A.*

3. Mailing Address  
*2665 S. Bayshore Dr.*  
Suite, Apt. #, etc.  
*Suite 200*  
City & State  
*Miami, FL*  
Zip  
*33133* Country  
*U.S.A.*

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

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

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)  
*2665 S. Bayshore Dr.*  
*Grand Bay Plaza, Suite 200*  
City  
*Miami* FL Zip Code  
*33133*

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 *Nicolas J. Gutierrez Jr.* *Nicolas J. Gutierrez, Jr., Esq., Registered Agent 4/23/03*  
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	<b>MGR</b> <input type="checkbox"/> Delete <b>BETANCOURT, NICOLAS JR</b> <b>19420 S.W. 87TH AVE</b> <b>MIAMI FL 33157</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>MGR</b> <b>CASTANO, JOSEFINA D</b> <b>219 ROMANO AVENUE</b> <b>CORAL GABLES FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>MGR</b> <b>CASTANO, AMPARO G</b> <b>8030 S.W. 63RD PLACE</b> <b>MIAMI FL 33143</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>MGR</b> <b>GUTIERREZ, CARLOS E</b> <b>7446 S.W. 54TH AVENUE</b> <b>MIAMI FL 33143-5814</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>MGR</b> <b>GUTIERREZ, NICOLAS J JR.</b> <b>1101 BRICKELL AVE., SUITE 1400</b> <b>MIAMI FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2665 S. BAYSHORE DR., STE. 200</i> <i>MIAMI, FL 33133</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300017927193</b> <b>05/05/03--01013--012 **1628.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2665 S. Bayshore Dr., Suite 200</i> <i>Miami, FL 33133</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.* *Nicolas J. Gutierrez, Jr., Esq., Manager, 4/23/03*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date  
*(305) 285-0800*

CR2E083 (10/02)