

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M72801

1. Entity Name  
CASTOR ADVERTISING FLORIDA CORP.

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90323 013 \*\*\*150.00

Principal Place of Business  
3 PARK AVENUE  
35TH FLOOR  
NEW YORK NY 10016

Mailing Address  
3 PARK AVENUE  
35TH FLOOR  
NEW YORK NY 10016

2. Principal Place of Business  
601 Brickell Key Drive

3. Mailing Address  
601 Brickell Key Drive

Suite, Apt. #, etc.  
Suite 704

Suite, Apt. #, etc.  
Suite 704

City & State  
Miami FL

City & State  
Miami FL

Zip  
33131

Country  
Bade

Zip  
33131

Country  
Bade

4. FEI Number 22-2882194

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 \_\_\_\_\_ (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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
FERNANDEZ, CASTOR A  
3 PARK AVENUE  
NEW YORK NY 10016 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
FERNANDEZ, TANYA  
3 PARK AVENUE  
NEW YORK NY 10016 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/26/01 305 371-0602  
Daytime Phone #

CR2E034 (10/00)

attachment 639188  
OFF M72801

PLEASE BE ADVISED THAT EFFECTIVE APRIL 1, 2001, ALL INVOICES  
SHOULD BE MAILED TO:

**CASTOR ADVERTISING FLORIDA CORP.**  
**601 BRICKELL KEY DRIVE, SUITE 704**  
**MIAMI, FL 33131**

THANK YOU FOR YOUR ATTENTION IN THIS MATTER.

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