## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000004406  1. Entity Name				Secretary of State 05-22-2001 90061 033 ***150.00		
CASTZ	AD, CORP.		•	03-22-2001 90	7001 033 13	,0.00
Principal Plac	e of Business	Mailing Address		-		
7403 SW 82nd ST SUITE #304N MIAMI, FL 33143		7403 SW 82nd ST SUITE #304N MIAMU; FL 33143		D0056468		
2. Principal P	lace of Business	3. Mailing Address				
12320 SW 20 TERRACE Suite, Apt. #, etc.		R.O. BOX 835332		DO NOT WRITE IN THIS SPACE		
City & State	9	City & State		4. FEI Number	A	pplied For
MIAMI, FL 33175		MIAMI, FL 33283-5332		65-0990589		ot Applicable
Zip 331,75	Country U.S.A.	Zip 33283-5332	Country U.S.A.	5. Certificate of Status Desired	□ \$8.75 Ade Fee Require	
<del>- 351/3</del>				7. Name and Address of New Regis	tered Agent	
7403	N ZAID-CASTILLO SW 82nd ST, SUITE #30 , FL 33143	04N	/ Street Addres	ZAID=CASTILLO ss (P.O. Box Number is Not Acceptable) W 20 TERRACE		
					FL Zip Cod	
				FT, stered agent, a both, in the State of Florida		5
Tax filing r	MARLIN ZAID—CASTILIT Signature, typed or printed name of registered agent a praction is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	nd title if applicable. (NOTE	Registered Agent sign for 5	10. Election Campaign Financi Trust Fund Contribution		<b>)0</b> May Be
	OFFICERS AND I		12.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARLIN ZAID-CASTILLO 7403 SW 82nd ST, SUI	. Delete	TITLE PR NAME MA STREET ADDRESS 12	ESIDENT RLIN -ZAID_CASTILLO 3200SW 20 TERRACE	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33143		TITLE NAME STREET ADDRESS CITY-ST-ZIP  VI  AN 12	AMI, FL 33175 CE-PRESIDENT TONIO CASTILLO 320 SW 20 TERRACE	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE MI NAME STREET ADDRESS CITY-ST-ZIP	AMI, FL 33175	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME  GIREET ADDRESS  CITY-ST-ZZ		☐ Change	☐ Addition
43	pertify that the information supplied with on this report or supplemental report is obration or the receiver or trustee empor or on an attachment with an address w	this filing does not qualify or true and accurate and that me wered to execute this report ith all other like empowered	every tion stated in	Section 119.07(3)(i), Florida Statutes. I further fame legal effect as if made under oath; Sf7, Florida Statutes; and that my name app	her certify that the i that I am an officer bears in Block 11 or	information or director r Block 12 if

4/27/01