

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90159 003 ***150.00

DOCUMENT # P00000025491



1. Entity Name
JAVIER CASTELLANO, INC.

Principal Place of Business
12142 S.W. 4TH STREET
PEMBROKE PINES FL 33025

Mailing Address
12142 S.W. 4TH STREET
PEMBROKE PINES FL 33025



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3242 NE 211 Terr

3. Mailing Address

3242 NE 211 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

N/A

City & State

AVENTURA FLORIDA

City & State

AVENTURA FL-33180.

4. FEI Number

65-0993521

Applied For

Not Applicable

Zip

33180

Country

USA DADD

Zip

33180

Country

USA.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTELLANO, JAVIER
12142 S.W. 4TH STREET
PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent

Name
CASTELLANO, JAVIER
Street Address (P.O. Box Number is Not Acceptable)
3242 NE 211 Terr
City
AVENTURA FL Zip Code
33180

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02-11-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003, Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D/P	CASTELLANO, JAVIER	12142 S.W. 4TH STREET	PEMBROKE PINES FL 33025	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		3242 NE 211 Terr	AVENTURA FL 33180	<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"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-03

Date

516-3598433.

Daytime Phone #

CR2E034 (10/02)