

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90222 039 ***150.00

DOCUMENT # P00000055474

1. Entity Name
CASTILLO TRIM CARPENTRY, INC.

Principal Place of Business
2542 10TH AVENUE NORTH #203V
LAKE WORTH FL 33461

Mailing Address
2542 10TH AVENUE NORTH #203V
LAKE WORTH FL 33461

2. Principal Place of Business
2540 10th AV. North
 Suite, Apt. #, etc.
102-U

3. Mailing Address
2540 10th AV. North
 Suite, Apt. #, etc.
102-U

City & State
LAKE WORTH, Florida
 Zip
33461
 Country
U.S.A.

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LAKE WORTH, Florida
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4. FEI Number **65-1023505**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, HEBER
2542 10TH AVENUE NORTH #203V
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent

Name **Castillo, HEBER**
 Street Address (P.O. Box Number is Not Acceptable)
2540 10th AV. North, Apt. #102-U
 City **LAKE WORTH** **FL** Zip Code **33461**

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  **HEBER Castillo President 4/20/02**
 Signature, typed or printed name of registered agent and title if applicable. (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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CASTILLO, HEBER 2542 10TH AVENUE NORTH #203V LAKE WORTH FL 33461 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CASTILLO, HEBER 2540 10th AV. North #102-U LAKE WORTH, FL 33461 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02 561-357-6297
 Date Daytime Phone #

CR2E034 (9/01)