

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90102 030 ***150.00

0162145 AV

DOCUMENT # P00000100186

1. Entity Name
PLATERIA CASTRO, INC.

Principal Place of Business

25325 SW. 124 PL
PRINCETON FL 33032

Mailing Address

25325 SW. 124 PL
PRINCETON FL 33032

2. Principal Place of Business

1850 SW 122 AV

Suite, Apt. #, etc.

313

City & State

MIAMI FL

Zip

33175

Country

USA

3. Mailing Address

1850 SW 122 AV

Suite, Apt. #, etc.

313

City & State

MIAMI FL

Zip

33175

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1051478

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEL CARMEN MALO, YADIRA

25325 SW. 124 PL

PRINCETON FL 33032

7. Name and Address of New Registered Agent

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

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 PD ☐ Delete
NAME DEL CARMEN MALO, YADIRA
STREET ADDRESS 25325 SW. 124 PL
CITY-ST-ZIP PRINCETON FL 33032

TITLE SD ☐ Delete
NAME CASTRO, GUILLERMO S
STREET ADDRESS 25325 SW. 124 PL
CITY-ST-ZIP PRINCETON FL 33032

TITLE T ☐ Delete
NAME MALO, WILLIAM
STREET ADDRESS 25325 SW. 124 PL
CITY-ST-ZIP PRINCETON FL 33032

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

Daytime Phone #

CR2E034 (9/01)