

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90056 043 ***150.00

0144539 AV

DOCUMENT # P01000023748

1. Entity Name

FIF CORPORATION, INC.

Principal Place of Business

**3506 WEST 80TH ST
SUITE 101
HIALEAH FL 33018**

Mailing Address

**3506 WEST 80TH ST
SUITE 101
HIALEAH FL 33018**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

650502340

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CASTRILLO, FRANCISCO L
3506 WEST 80TH ST
SUITE 101
HIALEAH FL 33018**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**PD
CASTRILLO, FRANCISCO L
3506 WEST 80TH ST SUITE 101
HIALEAH FL 33018**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**VD
CASTRILLO, FRANCISCO
3506 WEST 80TH ST SUITE 101
HIALEAH FL 33018**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
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:

FRANCISCO L. CASTRILLO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **72200**

CR2E034 (9/01)

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

*Attachment
87-0107*

DOCUMENT # P01000023748

1. Entity Name

FIF CORPORATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3506 W 80th St. #101

3. Mailing Address

3506 WEST 80th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

101

City & State

MIAMI, FL 33018

City & State

MIAMI FL

Zip

Country

33018

Zip

Country

33018

FL

4. FEI Number

650502340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

FRANCISCO CASTRILLO

Street Address (P.O. Box Number is not Acceptable)

3506 WEST 80th St. #101

City

MIAMI

FL

Zip Code

33018

**DO NOT WRITE
IN THIS SPACE**

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) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>PD</u>
NAME	<u>FRANCISCO CASTRILLO C.</u>
STREET ADDRESS	<u>3506 WEST 80th St. #101</u>
CITY-ST-ZIP	<u>MIAMI FL 33018</u>
TITLE	<u>VD</u>
NAME	<u>FRANCISCO CASTRILLO</u>
STREET ADDRESS	<u>3506 WEST 80th St. #101</u>
CITY-ST-ZIP	<u>MIAMI FL 33018</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE FRANCISCO CASTRILLO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/02

(305) 502-3808

Daytime Phone #

CR2E034B (12/01)

Form **1120**
Department of the Treasury
Internal Revenue Service

U.S. Corporation Income Tax Return

For calendar year 2001 or tax year beginning _____, 2001, ending _____, 20____
Instructions are separate. See page 20 for Paperwork Reduction Act Notice.

OMB No. 1545-0123

2001

- A Check if a:
- 1 Consolidated return (attach Form 951) ☐
 - 2 Personal holding co. (attach Sch. PH) ☐
 - 3 Personal service corp. (as defined in Temporary Regs. sec. 1.441-4f—see instructions) ☐

Use IRS label. Otherwise, print or type.

Name
FIF CORPORATION INC.
Number, street, and room or suite no. (If a P.O. box, see page 7 of instructions.)
3506 W 80th St #101
City or town, state, and ZIP code
Healdsburg, CA 94922

B Employer identification number

650502340

C Date incorporated

D Total assets (see page 8 of instructions)

E Check applicable boxes: (1) ☒ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change \$

Income	1a	Gross receipts or sales	0	b	Less returns and allowances	0	c	Bal	1c	0
	2	Cost of goods sold (Schedule A, line 8)							2	
	3	Gross profit. Subtract line 2 from line 1c							3	
	4	Dividends (Schedule C, line 19)							4	
	5	Interest							5	
	6	Gross rents							6	
	7	Gross royalties							7	
	8	Capital gain net income (attach Schedule D (Form 1120))							8	
	9	Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)							9	
	10	Other income (see page 8 of instructions—attach schedule)							10	
11	Total income. Add lines 3 through 10							11		
Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (Schedule E, line 4)							12	
	13	Salaries and wages (less employment credits)							13	
	14	Repairs and maintenance							14	
	15	Bad debts							15	
	16	Rents							16	
	17	Taxes and licenses							17	
	18	Interest							18	
	19	Charitable contributions (see page 10 of instructions for 10% limitation)							19	
	20	Depreciation (attach Form 4562)							20	
	21a	Less depreciation claimed on Schedule A and elsewhere on return							21a	
21b								21b		
22	Depletion							22		
23	Advertising							23		
24	Pension, profit-sharing, etc., plans							24		
25	Employee benefit programs							25		
26	Other deductions (attach schedule)							26		
27	Total deductions. Add lines 12 through 26							27		
28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11							28		
29	Less: a Net operating loss (NOL) deduction (see page 13 of instructions)							29a		
29b	b Special deductions (Schedule C, line 20)							29b		
29c								29c		
30	Taxable income. Subtract line 29c from line 28							30		
31	Total tax (Schedule J, line 11)							31		
Tax and Payments	32a	Payments: a 2000 overpayment credited to 2001						32a		
	32b	b 2001 estimated tax payments						32b		
	32c	c Less 2001 refund applied for on Form 4466						32c		
	32d	d Bal						32d		
	32e	e Tax deposited with Form 7004						32e		
	32f	f Credit for tax paid on undistributed capital gains (attach Form 2439)						32f		
	32g	g Credit for Federal tax on fuels (attach Form 4136). See instructions						32g		
	32h							32h		
	33	Estimated tax penalty (see page 14 of instructions). Check if Form 2220 is attached						33		
	34	Tax due. If line 32h is smaller than the total of lines 31 and 33, enter amount owed						34		
35	Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid						35			
36	Enter amount of line 35 you want: Credited to 2002 estimated tax Refunded						36			

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date **5/18/02**

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

Paid Preparer's Use Only

Preparer's signature **Self**
Firm's name (or yours if self-employed), address, and ZIP code

Date

Check if self-employed ☐

Preparer's SSN or PTIN

EIN

Phone no. ()