ent By: HP LaserJet 3100; 3054446180;

FILED
Apr 07, 2003 8:00 am
Secretary of State

03-17-2003 90690 026 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000038197

1. Entity Name
KASTEEL CORPORATION

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD. SUITE 603 CORAL GABLES FL 33134	901 PONCE DE LEON BLVD. SUITE 603 CORAL GABLES FL 33134

[redacted]

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
318 INDIAN TRACE	318 INDIAN TRACE
Suite, Apt. #, etc. BOX 240	Suite, Apt. #, etc. BOX 240
City & State WESTON FL	City & State WESTON FL
Zip 33326 Country USA	Zip 33326 Country USA

4. FEI Number 02-0607033 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H ESQ.
901 PONCE DE LEON BLVD
SUITE 603
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: PERIM OTAVIO V.
Street Address (P.O. Box Number is Not Acceptable) 318 INDIAN TRACE
BOX 240
City WESTON FL Zip Code 33326

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 OTAVIO V. PERIM DIRECTOR 03-14-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 D NAME PERIM, OTAVIO V STREET ADDRESS 901 PONCE DE LEON BLVD. SUITE 603 CITY-ST-ZIP CORAL GABLES FL 33134	☐ Delete	TITLE P/D NAME PERIM OTAVIO V STREET ADDRESS 318 INDIAN TRACE BOX 240 CITY-ST-ZIP WESTON FL 33326	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 empowered.

SIGNATURE: OTAVIO V. PERIM DIRECTOR 03-15-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #