

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

FILED
May 13, 2002 8:00 am
Secretary of State

DOCUMENT # **901000045609**

1. Entity Name

THE JOHN CASTELLI GROUP, P.A.

04-02-2002 90066 018 ***150.00

05-13-2002 90092 050 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

FORT LAUDERDALE, FL

Suite, Apt. #, etc.

3. Mailing Address

2618 MARION DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

4. FEI Number

65-1151146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip **33316**

Country **USA**

Zip **33316**

Country **USA**

7. Name and Address of Current Registered Agent

Name

JOHN HOTTE Esq.

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

2400 E Commercial Blvd

Suite 826

City

FORT LAUDERDALE

FL

Zip Code

33308

**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

NAME

STREET ADDRESS

CITY - ST - ZIP

**JOHN CASTELLI P.S.D.
2618 MARION DR.
FORT LAUDERDALE, FL 33316**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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)(b), 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:

JOHN CASTELLI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/21/02

954-

377-5051

Daytime Phone #

CR2E034B (12/01)