2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000056268

Mailing Address

1. Entity Name

CASTE CORPORATION

Principal Place of Business



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90174 015 ***150.00

7951 SW 40TH	STREET	-		SW 40TH STREET											
SUITE 206 MIAMI FL 33155			SUITE 206 MIAMI FL 33155						 		 	1 8 8 11 1 1 1 1 1 1 1 1	IA ANIA KAM		
2. Principal Place of Business 11371 n.w. 45t				3. Mailing Address 11371 NW 4St					1 18811881 151	####	 		14 B B411 B 11 B FE	atiat tatt taat	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES							
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City & State		FI		& State F				Number	65-111	10437		N	oplied For ot Applicable	-	
^{Zip} 33(7	Zip Country			3172		Country USA		5. Cer	ificate of S	Status De	esired		8.75 Addee Require		
	6. Name	and Address of Current F	Ī	7. Name and Address of New Registered Agent						gent].			
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SUITE 206															4
MIAMI FL	33155	v 3		City /	m;	ar	ກ່			FL	Zip Coo	3172			
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 agents															
SIGNATURE.	1/0	(only		" III WOTE	O :				ele el			<u> </u>	903		
	+	or printed name of registered agent a	nd tipe if app	olicable. (NOTE:	Hegistered	Agent signature	required wr	nen reinsta	ung)			TOALE	•		4
		!! FEE IS \$150.00 03 Fee will be \$550.00	•						9. Election	on Camp	aign Fin	ancing	\$5.0	May Be	
		o Florida Department of	State						Trust F	Fund Cor	ntribution	n. 📙	Adde	d to Fees	
10.		OFFICERS AND (11.			ADDIT	IONS/CH	ANGES	TO OFFI	CERS AND	DIRECTOR	S IN 11	7		
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12. Thereby o	ertify that the	e information supplied with	his filing	does not qualify for t	he exen	nption stated	d in Sect	ion 119	.07(3)(i), f	lorida Si	tatutes.	further cert	ify that the i	nformation	7
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changed,	or on an atta	athmen with an address, w	ith all ot	e like empewered.	=1 =	,	,			í	/				
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SIGNAL	VIIL	SIGNATURE AND TYPED OR PE	INTERMAN	E OF SIGNING OFFICER OF	R DIRECTO	OR OR				Date			ytime Phone #	• •	