


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90174 015 ***150.00

DOCUMENT # P01000056268

1. Entity Name
CASTE CORPORATION



Principal Place of Business
7951 SW 40TH STREET
SUITE 206
MIAMI FL 33155

Mailing Address
7951 SW 40TH STREET
SUITE 206
MIAMI FL 33155


2. Principal Place of Business
11371 N.W. 4ST
Suite, Apt. #, etc.

3. Mailing Address
11371 NW 4ST
Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33172

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1110437

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

6. Name and Address of Current Registered Agent
DIAZ, OSVALDO J
7951 SW 40TH STREET
SUITE 206
MIAMI FL 33155

7. Name and Address of New Registered Agent
Name: Mario Castellanos
Street Address (P.O. Box Number is Not Acceptable): 11371 NW 4ST
City: Miami FL Zip Code: 33172

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: [Signature] DATE: 2/18/03

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CASTELLANOS, IBONNE 7951 SW 40TH STREET SUITE 206 MIAMI FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CASTELLANOS, MARIO 7951 SW 40TH STREET SUITE 206 MIAMI FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/27/03 Daytime Phone #: 3052616257

CR2E034 (10/02)