

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

0225370 AV

DOCUMENT # P01000058781

1. Entity Name

CASTELL CORPORATION

01-21-2002 90026 007 ***150.00

Principal Place of Business

5161 COLLINS AVE APT 503
 MIAMI BEACH FL 33140

Mailing Address

5161 COLLINS AVE APT 503
 MIAMI BEACH FL 33140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

900 West Ave #1227
 Miami Beach
 FL

3. Mailing Address

900 West Ave.
 #1227
 Miami Beach FL

City & State

FL

City & State

Miami Beach FL

Zip

33139

Country

USA

Zip

33139

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ANGULO, ANA MARIA

2151 SOUTH LEJEUNE ROAD SUITE 310

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS CALDARELLI, JOSEFINA N
 CITY-ST-ZIP BOGOTA 2060
 BUENOS AIRES ARGENTINA CP 1406

TITLE ☐ Delete
 NAME D
 STREET ADDRESS STELLA, CLAUDIO D
 CITY-ST-ZIP BOGOTA 2060
 BUENOS AIRES ARGENTINA CP 1406

TITLE ☐ Delete
 NAME D
 STREET ADDRESS STELLA, SILVIA F
 CITY-ST-ZIP BOGOTA 2060
 BUENOS AIRES ARGENTINA CP 1406

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: ☒

WILLIAM GREG STELLA, Director
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)