

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
03-11-2002 90084 037 ***150.00

0289806
AV

DOCUMENT # P01000067565

1. Entity Name
BLUE CASTLE DESIGN, INC.

Principal Place of Business

~~1691 NE 123RD ST~~
~~N MIAMI FL 33181~~

Mailing Address

~~1691 NE 123RD ST~~
~~N MIAMI FL 33181~~

2. Principal Place of Business

7464 NW - 8th St.
Suite, Apt. #, etc.

3. Mailing Address

7464 NW - 8th St.
Suite, Apt. #, etc.

City & State

MIAMI

City & State

FLORIDA MIAMI

4. FEI Number

65-1132940

Applied For

Not Applicable

Zip

33126

Country

Zip

33126

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CASTELVETRI, EDUARDO J

~~1691 NE 123RD ST~~
~~N MIAMI FL 33181~~

7. Name and Address of New Registered Agent

Name

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

7464 NW - 8th St.

City **MIAMI**

FL

Zip Code **33126**

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 **DP** ☐ Delete
NAME **CASTELVETRI, EDUARDO J**
STREET ADDRESS **1691 NE 123RD ST**
CITY-ST-ZIP **N MIAMI FL 33181**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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 **7464 NW - 8th St.**
CITY-ST-ZIP **MIAMI - FL 33126**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2002

Date

Daytime Phone #

CR2E034 (9/01)