2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91330 018 ***150.00

DOCUMENT # P01000076689

1. Entity Name
CASTANEDAS & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1601 BAY ROAD	1601 BAY ROAD
2	2
MIAMI BEACH FL 33139	MIAMI BEACH FL 33139

2. Principal Place of Business	3. Mailing Address
840 82Nd. ST.	840 82Nd. ST.
Suite, Apt. #, etc. #3	Suite, Apt. #, etc. #3
City & State MIAMI BEACH, FL.	City & State MIAMI BEACH, FL.
Zip 33141 Country USA.	Zip 33141 Country USA.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0740383 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CASTANEDAS, CLOTILDE E
1601 BAY ROAD
2
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name CASTANEDAS, CLOTILDE E.
Street Address (P.O. Box Number is Not Acceptable) 840 82Nd. ST. #3
City MIAMI BEACH **FL** Zip Code 33141

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] 4/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	CASTANEDA, CLOTILDE E		NAME	CASTANEDAS, CLOTILDE E.	
STREET ADDRESS	1601 BAY ROAD APT. 2		STREET ADDRESS	840 82Nd. ST. #3	
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP	MIAMI BEACH, FL. 33141.	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 CLOTILDE E. CASTAÑEDAS 4/24/03 (305) 861-8601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)