

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91894 021 \*\*\*150.00

DOCUMENT # P01000110181

1. Entity Name

RASPADOS GIO CORP.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1061 W. FLAGLER STREET

Suite, Apt. #, etc.

3. Mailing Address  
1061 W. FLAGLER STREET

Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number  
651153646

Applied For  
Not Applicable

Zip  
33130

Country  
USA

Zip  
33130

Country  
USA

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

**7. Name and Address of Current Registered Agent**

Name **JERRY CASTRILLO**

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

2810 S.W 1ST STREET

City **MIAMI**

FL Zip Code  
33136

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
Jerry Castrillo  
2810 S.W 1st Street  
Miami, FL 33136

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/03

305-789-3858

CR2E034B (12/02)