## 2003 FOR PROFIT CORPORATION

## Apr 14, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P02000097155 DOCUMENT # 04-14-2003 90788 019 \*\*\*158.75 1. Entity Name EDUARDO CASTELLANOS, INC. Principal Place of Business Mailing Address ~ ~ ~ **~ ~ ~ ~ ~ ~** 416 COVENTRY STREET 416 COVENTRY STREET **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address 416 Samp (over ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State note Bocz 56-2291 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired US Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASTELLANOS, EDUARDO (1985) Street Address (P.O. Box Number is Not Acceptable) 416 COVENTRY STREET **BOCA RATON FL 33487** City 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. I am familiar with, and accept the obligations of registered agent. .. SIGNATURE . DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. President ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME street STREET ADDRESS STREET ADDRESS PL 33497 3348 CITY-ST-ZIP CH. 47-71P ☐ 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 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

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

CITY-ST-ZIP

CITY-ST-ZIP

FILED