

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P02000111810*
1. Entity Name *J & F Interior Services, Corp.*



10095672

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6960 NW 186 ST
Suite, Apt. #, etc.
Apt. 330
City & State
Miami
Zip
33015 Country
FI

3. Mailing Address
6960 NW 186 ST.
Suite, Apt. #, etc.
Apt 330
City & State
Miami
Zip
33015 Country
FI

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4. FEI Number
02-0647994

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

7. Name and Address of Current Registered Agent
Name
Julio C. Castaing
Street Address (P.O. Box Number is Not Acceptable)
6960 NW 186 ST Apt 330
City
Miami FL Zip Code
33015

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 _____ (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
President	Julio C. Castaing	6960 NW 186 ST Apt 330	
Vice President	Flore E. Castaing	6960 NW 186 ST Apt 330	

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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: *Flore E. Castaing* 4/28/03 (205) 819-4736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)