

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

094000018509

1. Entity Name

FLORIDA CASTING GROUP, INC

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90050 010 ***150.00

Principal Place of Business

Mailing Address - SAME

5500 SW 63 AVE
MIAMI, FL 33155

2. Principal Place of Business

3. Mailing Address

ABOVE

ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0481333

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

CURRENT

6. Name and Address of Current Registered Agent

6. Name and Address of New Registered Agent

~~RAY SKELTON, CPA~~
~~7320 BRITTON RD #212~~
~~DAVIE, FL 33314~~

Name: WALTER JOHN MITCHELL
Street Address (P.O. Box Number is Not Acceptable): 5500 SW 63 AVE
City: MIAMI FL Zip Code: 33155

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	WALTER JOHN MITCHELL	5500 SW 63 AVE	MIAMI 33155	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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:

Walter John Mitchell

Date

Daytime Phone #

4/24/00 305 662-2458

CR2E034 (9/99)