

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90150 017 ***150.00

DOCUMENT # P94000082963

1. Entity Name
GRAND CASTLE ENTERPRISES, INC.

Principal Place of Business

955 STARLING DRIVE
107
CELEBRATION FL 34747
US

Mailing Address

955 STARLING DRIVE
CELEBRATION FL 34747
US

2. Principal Place of Business

1741 Mizell Ave
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Winter Park, FL

City & State

4. FEI Number **65-0547908**

Applied For
Not Applicable

Zip
32789

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

PINZON, YVETTE
955 STARLING DRIVE
CELEBRATION FL 34747

7. Name and Address of New Registered Agent

Name

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

1741 Mizell Avenue

City

Winter Park

FL

Zip Code

32789

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.

SIGNATURE

(Signature of Yvette Pinzon)
 Signature of registered agent or officer, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PINZON, YVETTE	
STREET ADDRESS	955 STARLING DRIVE	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Signature of Yvette Pinzon)
YVETTE PINZON

1/18/02 407 539 0472

Date

Daytime Phone #

CR2E034 (9/01)