2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P95000021094 DOCUMENT

1. Entity Name

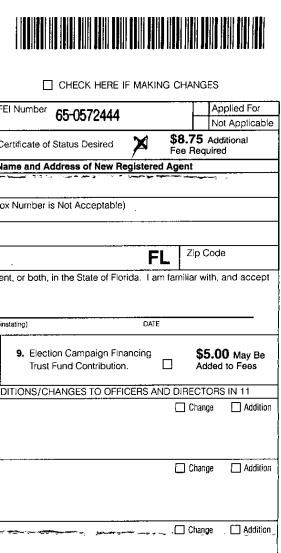
CAST PROFESSIONAL SERVICES, INC.



Principal Place of Business Mailing Address 940 N.E. 71ST STREET 940 N.E. 71ST STREET MIAMI FL 33138-5722 MIAMI FL 33138-5722 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0572444 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASTRO, DONNA S Street Address (P.O. Box Number is Not Acceptable) 940 N.E. 71ST STREET MIAMI FL 33138-5722 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 OFFICERS AND DIRECTORS 'ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITI F TITLE Delete CASTRO, DONNA S NAME NAME 940 N.E. 71ST STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33138-5722 CITY-ST-ZIP CITY-ST-7IP TITLE ۷D ☐ Delete TITLE Change ☐ Addition CASTRO, LUIS A NAME NAME 940 N.E. 71ST STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33138-5722 CITY-ST-ZIP CITY-ST-ZIP TITLE --- Delete ---TITLE . Change Addition NAME CASTRO, ALTURO S STREET ADDRESS 940 N.E. 71ST STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33138-5722 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE CASTRO, ANGEL F NAME NAME 1330 N.E. 105TH ST., #301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33138 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED Mar 27, 2003 8:00 am Secretary of State

03-27-2003 90117 048 ***158.75



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 changed, or on an attachment with an address, with all other like empowered

Daytime Phone #