

2004

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96 0000 27259

1. Entity Name

CASTLE'S BROTHERS ENTERPRISES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2440 SW 67 Ave

3. Mailing Address

461 NW 189 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Pembroke Pines FL

Zip

33155

Country

MIAMI Dade

Zip

33029

Country

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

7. Name and Address of Current Registered Agent

Name

Pedro P Castillo

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

461 NW 189 Terrace

City

Pembroke Pines

FL

Zip Code

33029

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: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12-30-03

9. This corporation is eligible to satisfy its intangible

tax filing requirement and elects to do so
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	P-D
NAME	Castillo, Pedro P
STREET ADDRESS	461 NW 189 Terrace
CITY- ST- ZIP	Pembroke Pines FL 33029

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	T-S-D
NAME	Castillo, Pedro P
STREET ADDRESS	461 NW 189 Terrace
CITY- ST- ZIP	Pembroke Pines FL 33029

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IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/30/03

305-261-5864

FILED

04 JAN -9 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04

DO NOT WRITE IN THIS SPACE

12/19/03

01055 010

150.00

4. FEI Number

652065433V

Applied For

Not Applicable

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

Miami, Fl
December 29th, 2003

Division of Corporations
Uniform Business Report Filings
P.O.Box 1500
Tallahassee, Fl 32302-1500
Att: Tina
Ref: Castle's Brothers Enterprises Inc.
Document # P96000027259
Annual Report 2003

Gentlemen:
Att: TINA

As President of Castle's Brothers Enterprises Inc., I would like to inform you that I never received the notification for the Annual Report of 2003. Therefore, I am sending the 2003 form for the Corporation Reinstatement; and the 2004 form accompanied with a check #3612, for the amount of \$150.00 to bring it up to date.

I thank you for your help and cooperation.

Cordially,


Pedro P. Castillo

President