

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

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90024 044 ***150.00

DOCUMENT # **P96000028188**

1. Entity Name

Alba N. Castillo P.A. ✓

DO NOT WRITE IN THIS SPACE

B0134257

2. Principal Place of Business

111 N.W. 183 ST.

3. Mailing Address

P.O. Box 42

Suite, Apt. #, etc.

Suite, Apt. #, etc.

512

City & State

North Miami, FL.

City & State

HALLANDALE, FL

Zip

33169

Country

USA

Zip

33008

Country

USA

4. FEI Number

65-0664020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ALBA N. CASTILLO

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

9521 SUNRISE LAKES BLVD.

101

City

SUNRISE

FL

Zip Code

33322

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

Alba N. Castillo

08/10/02

(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) ☐

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

NAME

STREET ADDRESS

CITY - ST - ZIP

ALBA N. CASTILLO
9521 SUNRISE LAKES BLVD. #101
SUNRISE, FL. 33322

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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CITY - ST - ZIP

**DO NOT WRITE
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:

Alba N. Castillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-690-8980

8/10/02

Date

Daytime Phone #

CR2E034B (12/01)



Attachment

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

August 5, 2002

ALBA N. CASTILLO P.A.
9521 SUNRISE LAKES BLVD, #101
SUNRISE, FL 33322 US

SUBJECT: ALBA N. CASTILLO P.A.
Ref. Number: P96000028188

We have received your document for ALBA N. CASTILLO P.A. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 802A00046688