

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000050907

1. Entity Name

CASTLE CARE CORPORATION

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90050 014 \*\*\*150.00

Principal Place of Business

Mailing Address

S.W. 9TH STREET CIRCLE

P.O. BOX 812042

#103

BOCA RATON FL 33481-2042

BOCA RATON FL 33486

2. Principal Place of Business

3. Mailing Address

5183 NE 14 Terrace  
Suite, Apt. #, etc.

5183 NE 14 Terrace  
Suite, Apt. #, etc.

City & State

City & State

Pompano Beach

Pompano Beach

Zip

Country

Zip

Country

33064 USA

33064 USA

6. Name and Address of Current Registered Agent

4. FEI Number

65-0675498

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

Silver, Steve

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

5183 NE 14<sup>th</sup> Terrace

City

FL

Zip Code

33064

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:

*Steven C. Silver, Pres* Steven Silver

4/28/2000

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

TITLE PST ☐ Delete

NAME SILVER, STEVE  
STREET ADDRESS 930 SW 9TH STREET CIRCLE, #103  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE D ☐ Delete

NAME SILVER, STEVE  
STREET ADDRESS P.O. BOX 812042  
CITY-ST-ZIP BOCA RATON FL 33481-2042

TITLE V ☒ Delete

NAME BLOOME, ALAN A  
STREET ADDRESS 23092 OLD INLET BRIDGE DRIVE  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☒ Change ☐ Addition

NAME Steven Silver  
STREET ADDRESS PO Box 812042  
CITY-ST-ZIP Boca Raton, FL 33481

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Steven C. Silver, Pres* Steven C. Silver, Pres

4/28/2000

Daytime Phone #

(954) 427-9044

CR2E034 (9/99)