

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059146

1. Entity Name

CASTILLO C.V. JOINTS/AUTO CO.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90218 003 ***150.00

Principal Place of Business

Mailing Address

1038 N.W. 36 ST
MIAMI FL 33127

1038 N.W. 36 ST
MIAMI FL 33127-3013

UUUBJ4JB

2. Principal Place of Business

1038 N.W. 36 ST

3. Mailing Address

1038 N.W. 36 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-0796276

Applied For

Not Applicable

Zip

33127

Country

U.S.A.

Zip

33127

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEJIA, MERCEDES D
1038 N.W. 36 ST.
MIAMI FL 33127

Name

MERCEDES D. MEJIA

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

1038 N.W. 36 ST.

1038 N.W. 36 ST.

City

MIAMI FLORIDA FL

Zip Code

33127

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

5/30/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MEJIA, MERCEDES D
STREET ADDRESS 1038 N.W. 36 ST
CITY-ST-ZIP MIAMI FL 33127

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/00

Date

Daytime Phone #

(305) 638-8683

CR2E034 (9/99)