

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90096 011 \*\*\*150.00

**DOCUMENT # P96000079371**

1. Entity Name

**CASTRO & CASTRO CONSTRUCTION, CORP.**

Principal Place of Business

7206 N LOIS AVE  
 TAMPA FL 33614

Mailing Address

7206 N LOIS AVE  
 TAMPA FL 33614-3161

2. Principal Place of Business

7008 N Grady Av  
 Suite, Apt. #, etc.

3. Mailing Address

7008 N Grady Av  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3401778

Applied For

Not Applied For

Zip

33614

Country

Zip

33614

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CASTRO, SERVANDO  
 7206 N LOIS AVE  
 TAMPA FL 33614

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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 ☐ Delete  
 NAME D  
 STREET ADDRESS CASTRO, SERVANDO  
 CITY-ST-ZIP 7206 N LOIS AVE  
 TAMPA FL 33614

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS CASTRO, YIRA M  
 CITY-ST-ZIP 7524 N BLOSSOM AVE  
 TAMPA FL 33614

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS CASTRO, FRANCISCA  
 CITY-ST-ZIP 7206 N LOIS AVE  
 TAMPA FL 33614

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

*New address* ☐ Change ☐ Addition

*on 2. Castro Servando* ☐ Change ☐ Addition

*and* ☐ Change ☐ Addition

*- Castro Francisco* ☐ Change ☐ Addition

*New* ☐ Change ☐ Addition

*7208 N Grady Ave* ☐ Change ☐ Addition

*Tampa FL 33614* ☐ Change ☐ Addition

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:

*Servando Castro* **Servando Castro** 1/17/2000 (813) 885-3333  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #