2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P97000042195 DOCUMENT

1. Entity Name

RALPH J. CASTRO, CPA, P.A.



FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90211 044 ***150.00

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511 NE 49 S	ace of Busines T RDALE FL 333		511 !	Mailing Address 511 NE 49 ST FORT LAUDERDALE FL 33334				L INDIANO IND INCIPE CONTROL DONA				
2. Principal	Place of Busin	ness	3. Ma	3. Mailing Address								
Suite, Api	t. #, etc.		Sui	Suite, Apt. #, etc.				☐ CHECK HERE IF	MAKING	CHANGES	6	
City & Sta	ate		City	City & State				FEI Number 65-0749560			pplied For	
Zip Country			Zip	· · · · · · · · · · · · · · · · · · ·	Cour	ntry	75. Certificate of Status Desired			Not Applicable \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						- · · · ·	· · 7·	Name and Address of New Re				
CASTRO, RALPH J						Name		,	gistereu A	gent		
				Street A			ess (P.O. Box Number is Not Acceptable)					
511 NE 49 ST FORT LAUDERDALE FL 33334												
						City		74	FL	Zip Cod		
8. The above the obliga	e named entity itions of registe	submits this statement ered agent.	t for the purp	pose of changing its	registere	ed office or regist	tered aç	gent, or both, in the State of Florid	da. I am fa	miliar with,	and accept	
SIGNATURE	Signature, typed o	or printed name of registered ago	ent and title if one	NOT (NOT	E. Doniston	4.6		*			· · ·	
· · ·			our and the it apt	(NOT)	c. negisteret	d Agent signature requir	rea wnen r	reinstating)	DATE		1	
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.0 Florida Department	00 t of State					Election Campaign Finar Trust Fund Contribution.	ncing	\$5.0 Adde	00 May Be	
10.		OFFICERS AN		IDO .	44	···						
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

491-0887