

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091921 (1) ✓

1. Entity Name
VENTILAFAN, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90051 025 ***150.00

Principal Place of Business
7329 North West, 66th
Street, Miami Florida
33166

Mailing Address
7329 North West 66th
Street, Miami Florida
33166

2. Principal Place of Business
Same

3. Mailing Address
Same

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-079569 1

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~Jess Trager~~
1000 North Hiatus Road, # 110
Pembroke Pines, Florida 33026

Name
Saenz Robledo

Street Address (P.O. Box Number is Not Acceptable)
8180 NW. 36 Street Suite # 100

City Miami FL Zip Code 33166

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  DATE 2/22/2000
Signature, typed or printed name of registered agent and if not applicable (NOTE: Registered Agent signature required when reinstating)

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 Gustavo Castillo
STREET ADDRESS 7329 North West 66th Street
CITY-ST-ZIP Miami Florida 33166

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

TITLE VPD. ☐ Delete
NAME Yeny Castillo
STREET ADDRESS 7329 North West 66th Street
CITY-ST-ZIP Miami Florida 33166

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
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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:  GUSTAVO Castillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/200 305-882-0004

Date Daytime Phone #

CR2E034 (9/99)