

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90079 043 \*\*\*150.00

**DOCUMENT # P97000091921**

1. Entity Name  
**VENTILAFAN, INC.**

Principal Place of Business

**7329 NW. 66TH ST.  
 MIAMI FL 33166  
 US**

Mailing Address

**7329 NW. 66TH ST.  
 MIAMI FL 33166  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0795691**

Applied For

Not Applicable

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

**ROBLEDO, ANTHONY  
 8180 NW 36 STREET  
 #100  
 MIAMI FL 33166**

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, 2002 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 **CASTILLO, GUSTAVO A**  
 STREET ADDRESS **3466 NW 122ND AVE.**  
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **Castillo, Guastavo A.**  
 STREET ADDRESS **4460 SW. 152ND AVE.**  
 CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **VPD** ☐ Delete  
 NAME **CASTILLO, YENY**  
 STREET ADDRESS **3466 NW. 122ND AVE**  
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE **VPD** ☒ Change ☐ Addition  
 NAME **CASTILLO, YENY**  
 STREET ADDRESS **4460 SW. 152ND AVE.**  
 CITY-ST-ZIP **MIARMAR FL 33027**

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 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 A. Castillo* **GUSTAVO A. CASTILLO** **1/14/02** **305-882-0004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)