

Amended

08-11-2003 90291 034 01.25
P97000091921

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

03 AUG 15 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000091921

1. Entity Name

VENTILAFAN, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7331 NW 61th STREET

3. Mailing Address
7331 NW 61th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-0795691

Applied For
Not Applicable

Zip
33166

Country
USA

Zip
33166

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ANTHONY ROBLEDO

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

8180 NW 36th STREET # 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee is applicable.

(NOTE: Registered Agent signature required when relinquishing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
CASTILLO, FRANCISCA L.
4460 SW 152 AVE MIRAMAR FL, 33027

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)