

2002

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

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90736 026 ***150.00

DOCUMENT # <u>P97000098113</u>			
1. Entity Name <u>RANCES CASTLE CORP</u>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>20843 VIA MADEIRA DR</u>		3. Mailing Address <u>20843 VIA MADEIRA DR</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>BOCA RATON FL</u>		City & State <u>BOCA RATON FL</u>	
Zip <u>33433</u>	Country <u>US</u>	Zip <u>33433</u>	Country <u>US</u>
4. FEI Number <u>05-0805698</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <u>SORHI IBRAHIM</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>20843 VIA MADEIRA DR</u>			
City <u>BOCA RATON</u>			
State <u>FL</u>			
Zip Code <u>33433</u>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE <u>PT</u>	NAME <u>IBRAHIM SORHI</u>	TITLE _____	NAME _____
STREET ADDRESS <u>20843 VIA MADEIRA DR</u>	STREET ADDRESS <u>BOCA RATON FL 33433</u>	STREET ADDRESS _____	STREET ADDRESS _____
CITY - ST - ZIP <u>BOCA RATON FL 33433</u>	CITY - ST - ZIP <u>BOCA RATON FL 33433</u>	CITY - ST - ZIP _____	CITY - ST - ZIP _____
TITLE <u>VP</u>	NAME <u>SORIAL MAGGIE</u>	TITLE _____	NAME _____
STREET ADDRESS <u>2340 E MAYA PALM DR</u>	STREET ADDRESS <u>BOCA RATON FL 33432</u>	STREET ADDRESS _____	STREET ADDRESS _____
CITY - ST - ZIP <u>BOCA RATON FL 33432</u>	CITY - ST - ZIP <u>BOCA RATON FL 33432</u>	CITY - ST - ZIP _____	CITY - ST - ZIP _____
TITLE <u>D</u>	NAME <u>MATAN, ESTISSAM</u>	TITLE _____	NAME _____
STREET ADDRESS <u>1860 NE 193 ST</u>	STREET ADDRESS <u>N MIAMI BEACH FL 33179</u>	STREET ADDRESS _____	STREET ADDRESS _____
CITY - ST - ZIP <u>N MIAMI BEACH FL 33179</u>	CITY - ST - ZIP <u>N MIAMI BEACH FL 33179</u>	CITY - ST - ZIP _____	CITY - ST - ZIP _____
TITLE _____	NAME _____	TITLE _____	NAME _____
STREET ADDRESS _____	STREET ADDRESS _____	STREET ADDRESS _____	STREET ADDRESS _____
CITY - ST - ZIP _____	CITY - ST - ZIP _____	CITY - ST - ZIP _____	CITY - ST - ZIP _____
TITLE _____	NAME _____	TITLE _____	NAME _____
STREET ADDRESS _____	STREET ADDRESS _____	STREET ADDRESS _____	STREET ADDRESS _____
CITY - ST - ZIP _____	CITY - ST - ZIP _____	CITY - ST - ZIP _____	CITY - ST - ZIP _____
DO NOT WRITE IN THIS SPACE			
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>S. G. Ibrahim</u>		3-21-2	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>SORHI IBRAHIM</u>		Date _____	
Daytime Phone # _____		CR2E034B (12/01)	