

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2000 8:00 am**  
**Secretary of State**

07-24-2000 90014 047 \*\*\*550.00

**DOCUMENT # P98000001098**

1. Entity Name  
**CASTILLO HOUSING CORPORATION**

Principal Place of Business  
**8014 NORTH HUBERT AVENUE  
 TAMPA FL 33614**

Mailing Address  
**8014 NORTH HUBERT AVENUE  
 TAMPA FL 33614**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3434 W. Columbus Dr.**  
 Suite, Apt. #, etc.  
**Suite 103**

3. Mailing Address  
**3434 W Columbus Dr.**  
 Suite, Apt. #, etc.  
**Suite 103**

City & State  
**Tampa, FL**

City & State  
**Tampa, FL**

4. FEI Number **59-3487592**

Applied For  
 Not Applicable

Zip **33607** Country **USA**

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

**6. Name and Address of Current Registered Agent**

**CASTILLO, ANDRES R  
 8014 NORTH HUBERT AVENUE  
 TAMPA FL 33614**

**7. Name and Address of New Registered Agent**

Name **Andres R. Castillo**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3434 W Columbus Dr**  
**Suite 103**  
 City **Tampa** **FL** Zip Code **33607**

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

(NOTE: Registered Agent signature required when reinstating)

**7-7-00**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>CASTILLO, ANDRES R</b>	<b>8014 NORTH HUBERT AVENUE</b>	<b>TAMPA FL 33614</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-7-00**

DATE

DAYTIME PHONE #