

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90227 047 \*\*\*150.00

**DOCUMENT # P98000006689**



**1. Entity Name**  
**BETANCOURT, CASTELLON HOLDINGS CORP.**

<b>Principal Place of Business</b> 7765 SW 87TH AVENUE STE 200 MIAMI FL 33173	<b>Mailing Address</b> 7765 SW 87TH AVENUE STE 200 MIAMI FL 33173
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**11016303**



**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** **65-0809671**      Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES

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

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

**BETANCOURT, RAMIRO**  
7765 SW 87TH AVE STE 200  
MIAMI FL 33173

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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**

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

<p><b>TITLE</b> PD <input type="checkbox"/> Delete</p> <p><b>NAME</b> CASTELLON, ALBERT</p> <p><b>STREET ADDRESS</b> 7765 SW 87TH AVENUE</p> <p><b>CITY-ST-ZIP</b> MIAMI FL 33173</p>	<p><b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><b>NAME</b></p> <p><b>STREET ADDRESS</b></p> <p><b>CITY-ST-ZIP</b></p>
<p><b>TITLE</b> VSTD <input type="checkbox"/> Delete</p> <p><b>NAME</b> BETANCOURT, RAMIRO</p> <p><b>STREET ADDRESS</b> 7765 SW 87TH AVENUE</p> <p><b>CITY-ST-ZIP</b> MIAMI FL 33173</p>	<p><b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><b>NAME</b></p> <p><b>STREET ADDRESS</b></p> <p><b>CITY-ST-ZIP</b></p>
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**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 Block 11 if changed, or on an attachment to this address, or all other names covered.**

**SIGNATURE:** *Albert Castellon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-21-03*

*(305) 598-2932*

Date      Daytime Phone #

CR2E034 (10/02)