

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048331

1. Entity Name
CASTING FASHIONS, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90037 018 ***150.00

Principal Place of Business
260 CRANDON BOULEVARD, #C40
KEY BISCAINE FL 33149

Mailing Address
260 CRANDON BOULEVARD, #C40
KEY BISCAINE FL 33149-1536



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
777 N.W 72nd Ave
Suite, Apt. #, etc. 2L20
City & State Miami, FL
Zip 33126 Country

3. Mailing Address
777 N.W 72nd Ave
Suite, Apt. #, etc. 2L20
City & State Miami, FL
Zip 33126 Country

4. FEI Number 65-0842372
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
LEVY, GEORGE
260 CRANDON BOULEVARD, #C40
KEY BISCAINE FL 33149

7. Name and Address of New Registered Agent
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 _____ (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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	LEVY, GEORGE	
STREET ADDRESS	260 CRANDON BOULEVARD, #C40	
CITY-ST-ZIP	KEY BISCAINE FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	777 N.W 72nd Ave Suite #2L20	
CITY-ST-ZIP	Miami, FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: LEVY Georges
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00 1305/262-5557
Date Daytime Phone #

CR2E034 (9/99)