

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State
 03-14-2001 90522 036 ***150.00

DOCUMENT # P98000056170

1. Entity Name
CASTELBIS, INC.

Principal Place of Business

**1717 N. BAYSHORE DR.
 #102
 MIAMI FL 33132**

Mailing Address

**1717 N. BAYSHORE DR.
 #102
 MIAMI FL 33132**

2. Principal Place of Business

10691 N. KENDALL DR

3. Mailing Address

10691 N. Kendall DR

Suite, Apt. #, etc.

SUITE 311 % GOLFAND

Suite, Apt. #, etc.

SUITE 311 % GOLFAND

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33176

Country

USA

Zip

33176

Country

USA

4. FEI Number **NOT APPLICABLE**

65-0898481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEDARD, DENNIS R
 1717 N. BAYSHORE DR.
 SUITE 102
 MIAMI FL 33132**

Name **NICHOLAS STANHAM**

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

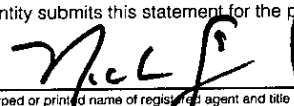
520 BRICKELL AVE SUITE 0-305

City **MIAMI**

FL

Zip Code **33131**

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  Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

NICHOLAS STANHAM

DATE

03-07-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **VZAN, YVES**
 CITY-ST-ZIP **1717 N. BAYSHORE DR., SUITE 102
 MIAMI FL 33132**

TITLE ☒ Change ☐ Addition
 NAME **VZAN, YVES VICTOR**
 STREET ADDRESS **520 BRICKELL AVE STE 305**
 CITY-ST-ZIP **% STANHAM MIAMI FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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  **YVES VZAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)