

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

04-24-2000 90001 005 \*\*\*150.00

**00032973**

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P98000082460**  
 1. Entity Name **CASTILLO CONSTRUCTION, CORP.**

Principal Place of Business Mailing Address  
~~3013 54TH TERRACE SW, 3013 54TH TERRACE S.~~  
~~NAPLES FL 34116 NAPLES, FL 34116~~

2. Principal Place of Business 3. Mailing Address  
**3125 50TH ST.** **4315 N.W. 7TH ST.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**FL.** **MIAMI FL.**  
**FL.** **FL.**

4. FEI Number **65-0866710**  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**AVILA, JUAN LUIS**  
**3125 50TH ST.**  
**NAPLES FL. 34116**

7. Name and Address of New Registered Agent  
 Name **AVILA, JUAN LUIS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3125 50TH STREET**  
 City **NAPLES** FL Zip Code **34116**

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.  
**JUAN L. AVILA**  
**REGISTERED AGENT 04/07/00**  
 SIGNATURE 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 NAME STREET ADDRESS CITY - ST - ZIP	<b>AVILA JUAN LUIS</b> <input type="checkbox"/> Delete <del>3013 54TH TERRACE S.W</del> <del>NAPLES FL 34116</del>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AVILA, JUAN LUIS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3125 50TH ST.</b> <b>NAPLES FL. 34116</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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. **JUAN LUIS AVILA**

SIGNATURE: **PRESIDENT** **04/07/00 (qui) 404-4240**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)