2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P98000088107** FILED CASTILE INVESTMENTS CO. 00 APR 28 PM 1:57 Mailing Address Principal Place of Business SECRETARY OF STATE TALLAHASSEE, FLORIDA 343 ALMERIA AVENUE 343 ALMERIA AVENUE CORAL GABLES FL 33134 CORAL GABLES FL 33134-5811 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State **NOT APPLICABLE** Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (9/99) ☐ Channe ☐ Addition ☐ Delete TITLE TITLE SANCHEZ, ELSIE NAME STREET ADDRESS STREET ADDRESS 343 ALMERIA AVENUE CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ■ Addition Change ☐ Delete TITLE TITLE NAME **4000**0323658**4**--9 -05/03/00--01038--001 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **13800.00 □ 新語#150addla ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME

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 requiver or trustee expowered 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

TITLE

☐ Delete

Date

Daytime Phone #

☐ Change

Addition