

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099921

1. Entity Name

LION CASTLE ENTERPRISES, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90084 038 ***150.00

Principal Place of Business	Mailing Address
5221 BON VIVANT DR., #210 TAMPA FL 33603	5221 BON VIVANT DR., #210 TAMPA FL 33603-1862

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	59-3568280	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEVERA, ARMANDO 5221 BON VIVANT DR., #210 TAMPA FL 33603	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table><tr><td>TITLE</td><td>PD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>DE VERA, ARMANDO</td><td></td></tr><tr><td>STREET ADDRESS</td><td>5221 BON VIVANT DR #210</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>TAMPA FL 33603</td><td></td></tr></table>	TITLE	PD	<input type="checkbox"/> Delete	NAME	DE VERA, ARMANDO		STREET ADDRESS	5221 BON VIVANT DR #210		CITY-ST-ZIP	TAMPA FL 33603		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: Armando De Vera ARMANDO DE VERA 3-23-00 813-238-1718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #