

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91203 007 ***150.00

DOCUMENT # P99000000021

1. Entity Name

FELIX A. CASTILLO, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2727 NW 17 TERRACE

Suite, Apt. #, etc.
APT. 208

City & State

MIAMI, FLORIDA

Zip
33125

Country
USA

3. Mailing Address

2727 NW 17 TERRACE

Suite, Apt. #, etc.
APT. 208

City & State

MIAMI, FLORIDA

Zip
33125

Country
USA

4. FEI Number

65-0888766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CASTILLO, FELIX A.

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

2727 NW 17 TERRACE, APT. 208

City
MIAMI

State
FL

Zip
33125

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X

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

(NOTE: Registered Agent signature required when reappointing)

X

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
CASTILLO, FELIX A.
2727 NW 17 TERRACE, APT. 208
MIAMI, FLORIDA 33125

TITLE
NAME
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X

DATE

X

DAYTIME PHONE #

CR2E034B (12/02)