

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 21, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90013 038 \*\*\*150.00  
 09-21-2001 90002 039 \*\*\*400.00

**DOCUMENT # P99000022681**

1. Entity Name  
**ASTROCOM CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 3990 SOUTHWEST 128TH AVENUE  
 MIAMI FL 33175

Mailing Address  
 3990 SOUTHWEST 128TH AVENUE  
 MIAMI FL 33175

2. Principal Place of Business  
 9600 S.W. 8th Street  
 Suite, Apt. #, etc.  
 Suite 5

3. Mailing Address  
 9600 S.W. 8th Street  
 Suite, Apt. #, etc.  
 Suite 5

City & State  
 Miami, FL

City & State  
 Miami, FL

Zip  
 33174

Country  
 USA

Zip  
 33174

Country  
 USA

4. FEI Number **65-0901591**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

## 7. Name and Address of New Registered Agent

Name  
**Diego J. Castro**

Street Address (P.O. Box Number is Not Acceptable)  
 9600 S.W. 8th Street

Suite 5

City  
 Miami, FL

Zip Code  
 33174

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so ☐

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CASTRO, DIEGO J 3990 SOUTHWEST 128TH AVENUE MIAMI FL 33175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD CARDONA, NORMA P 3990 SOUTHWEST 128TH AVENUE MIAMI FL 33175	<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
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		<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
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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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-01

305-223-6200

DIEGO CASTRO

CR2E034 (10/00)