

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
 04-17-2000 90089 006 ***150.00

DOCUMENT # P99000023731

1. Entity Name
CASTLE TRADING, CORP.

Principal Place of Business 2820 N.W. 21 COURT MIAMI FL 33142	Mailing Address 2820 N.W. 21 COURT MIAMI FL 33142-5980
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2. Principal Place of Business 2514 NW. 24 ST	3. Mailing Address 2514 NW. 24 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FL.	City & State MIAMI, FL.
Zip 33142	Country USA

4. FEI Number 65-0904674	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CASTILLO, DAVID E
2820 N.W. 21 COURT
MIAMI FL 33142

7. Name and Address of New Registered Agent
 Name **CASTILLO, DAVID E.**
 Street Address (P.O. Box Number is Not Acceptable)
2514 NW. 24 ST.
 City **MIAMI** FL **33142**

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]* **DAVID E. CASTILLO**
PRESIDENT **2/2/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <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		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILLO, DAVID E		NAME	CASTILLO, DAVID E.	
STREET ADDRESS	2820 N.W. 21 COURT		STREET ADDRESS	2514 NW. 24 ST.	
CITY-ST-ZIP	MIAMI FL 33142		CITY-ST-ZIP	MIAMI, FL., 33142	
TITLE	VPSD	<input type="checkbox"/> Delete	TITLE	VPSD.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILLO, LUIS A		NAME	CASTILLO, LUIS A.	
STREET ADDRESS	1510 S.W. 19 TERRACE		STREET ADDRESS	831 NW. 24 AVE	
CITY-ST-ZIP	MIAMI FL 33145		CITY-ST-ZIP	MIAMI, FL., 33125	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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]* **DAVID E. CASTILLO**
PRESIDENT **2/2/00** **(305) 633-1800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #