## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000041568 CASTOR INTERNATIONAL CORP. FILED May 10, 2000 8:00 am Secretary of State

05-10-2000 90086 016 \*\*\*150.00

1. Entity Name	39000041300				
CASTOR INTERNATIONAL C	ORP.				
Principal Place of Business	Mailing Address	<u> </u>			

2. Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO BOX 441042

MIAMI FL 33144-1042



Suite, Apt,	Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State	9	City & State		4. F	EI Number 5-0184063			pplied For	
Zip	Country	Zip Country		(•	Cartificate of Status Desired   \$8.7			75 Additional Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
			Name			_			
RODRIGUEZ, MIGUEL I 1183-C WEST 29TH ST. HIALEAH FL 33012		Street Address (P.O. Box Number is Not Acceptable)							
			City	City FL Zip Code					
8. The above	named entity submits this statement for th	ne purpose of changing its re	gistered office or	registered ag	ent, or both, in the State of Floric	ia.			
							•	]	
SIGNATURE _									
0.0.0.0.0.0	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: FI	Registered Agent signati	are required when re	enstating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FI After MAY 1, 2000 F Make Check Payable to		Fee will be \$5	50.00	10. Election Campaign Finar Trust Fund Contribution.	ncing	\$5.0 Added	May Be		
11.	OFFICERS AND DIE	RECTORS	12.	AD	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTORS	3 IN 11	
TITLE	DP	☐ Delete	TITLE .	DP			Change     Ch	Addition	
NAME	RUBIO, CARLOS		NAME	RODRIGU	JEZ, MIGUEL I.				
STREET ADDRESS	728 EL VEDADO		STREET ADDRESS	1183-C	West 29th. Stree	t		1:	
CITY-ST-ZIP	WEST PALM BEACH FL 33404		CITY-ST-ZIP	Hialeah	ı, Fl. 330 <u>12</u>				
TITLE	DV	X Delete	TITLE	DV			🔼 Change	Addition	
NAME	RODRIGUEZ-MAY, MIGUEL		NAME	RUBIO,					
STREET ADDRESS	42 W. FLAGLER ST. #313		STREET ADDRESS	728 E.	Vedado			}	
CITY-ST-ZIP	MIAMI FL 33125		CITY-ST-ZIP	West Pa	lm Beach, F1. 33	<u>404                                   </u>			
TITLE	DS	☐ Delete	TITLE	, .	T 11 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T	- , <del></del>	Change	Addition 1	
NAME	rodriguez-may, diana		NAME						
STREET ADDRESS	640 N.W. 36TH CT. #D		STREET ADDRESS					)	
CITY-ST-ZIP	MIAMI FL 33125		CITY-ST-ZIP						
TITLE	DT	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	RODRIGUEZ, MIGUEL I		NAME					1	
STREET ADDRESS	1183-C WEST 29TH ST.		STREET ADDRESS						
CITY-ST-ZIP	HIALEAH FL 33012		CITY-ST-ZIP				<del></del>		
.↑ TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP		•				
£JJY-ST-ZIP			<u> </u>						
TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME			NAME						
STREET ADDRESS	•		STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>		<u></u>			

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:

PO BOX 441042

MIAMI FL 33144-1042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

04-26-2000

Daytime Phone #