

2003

UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2003 8:00 am**
Secretary of State

05-01-2003 90310 005 ***150.00

DOCUMENT # P99000041568**1. Entity Name**
CASTOR INTERNATIONAL CORP.**Principal Place of Business**640 N W 36 COURT STE D
MIAMI FL 33125**Mailing Address**640 N W 36 COURT STE D
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

640 NW 36th. CT.

Suite, Apt. #, etc.

D

City & State

MIAMI, FL

Zip

33125

Country

MIAMI-DADE

3. Mailing Address

640 NW 36th. CT

Suite, Apt. #, etc.

D

City & State

MIAMI, FL

Zip

33125

Country

MIAMI-DADE

4. FEI Number

65-0184063

Applied For

Not Applied

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**RODRIGUEZ, MIGUEL I.
640 NW 36TH COURT, SUITE D
MIAMI FL 33125**7. Name and Address of New Registered Agent**

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**

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.**
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing**
Trust Fund Contribution. ☐**\$5.00** May
Added to Fee:**11. OFFICERS AND DIRECTORS**

TITLE	P/D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MIGUEL I.	
STREET ADDRESS	640 NW 36TH CT., STE D	
CITY-ST-ZIP	MIAMI FL	

TITLE	V/D	<input type="checkbox"/> Delete
NAME	RUBIO, CARLOS	
STREET ADDRESS	640 NW 36TH CT., SUITE D	
CITY-ST-ZIP	MIAMI FL 33125	

TITLE	S/D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ-MAY, DIANA	
STREET ADDRESS	640 NW 36TH. CT. #D	
CITY-ST-ZIP	MIAMI, FL. 33125	

TITLE	T/D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MIGUEL I.	
STREET ADDRESS	640 NW 36TH CT. # D	
CITY-ST-ZIP	Miami, Fl. 33125	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	RODRIGUEZ, DIANA	
STREET ADDRESS	640 NW 36TH CT # D	
CITY-ST-ZIP	MIAMI, FL. 33125	

TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	RODRIGUEZ-MAY, MIGUEL I.	
STREET ADDRESS	640 NW 36TH CT # D	
CITY-ST-ZIP	MIAMI, FL. 33125	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	MORENO, EDUARDO	
STREET ADDRESS	640 NW 36TH CT # D	
CITY-ST-ZIP	MIAMI, FL 33125	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
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, 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 #

04-25-03