

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90168 031 ***150.00

DOCUMENT # P99000046339

1. Entity Name
REAL CAST FLORIDA, INC.



Principal Place of Business
**10185 COLLINS AVENUE .SUITE 1403
BAL HARBOUR FL 33154**

Mailing Address
**10185 COLLINS AVENUE .SUITE 1403
BAL HARBOUR FL 33154**



2. Principal Place of Business

10800 Biscayne Blvd.

Suite, Apt. #, etc.
510

City & State
Miami

Zip
33161

Country
Dade

3. Mailing Address

10800 Biscayne Blvd

Suite, Apt. #, etc.
510

City & State
Miami

Zip
33161

Country
Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0923096**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**KIMMEL, STEVEN D
10185 COLLINS AVENUE
SUITE 1403
BAL HARBOUR FL 33154**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **DP** ☐ Delete
NAME **KIMMEL, STEVEN D**
STREET ADDRESS **10185 COLLINS AVE. STE. 1403**
CITY-ST-ZIP **BAL HARBOUR FL 33154**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/03 (305) 893-4438

Date

Daytime Phone #

CR2E034 (10/02)