

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90147 030 ***150.00

DOCUMENT # PP9000051182 ✓
1. Entity Name
Castle Beach Club Realty Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5445 Collins Ave.
Suite, Apt. #, etc. Suite C U 10
City & State Miami Beach Fl.
Zip 33140 Country USA

3. Mailing Address
5445 Collins Ave.
Suite, Apt. #, etc. Suite C U 10
City & State Miami Beach Fl.
Zip 33140 Country USA

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4. FEI Number 65-0959964 Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name RENE MANARRO
Street Address (P.O. Box Number is Not Acceptable) 1801 Coral Way
Suite 204
City Miami FL Zip Code 33145

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>President -</u> <u>Leopoldo Gonzalez</u> <u>5445 Collins Ave #CU10</u> <u>Miami Beach FLA. 33140</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary / Vice Pres.</u> <u>Emilio Berkowitz</u> <u>1861 SW 19 ST.</u> <u>Miami FLA. 33145</u>
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Emilio Berkowitz Emilio Berkowitz 4/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #