

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S83527**

1. Entity Name

CASTONGUAY ASSOCIATES, INC.*R***FILED****Jul 24, 2000 8:00 am**
Secretary of State

07-24-2000 90005 027 ***150.00

Principal Place of Business

~~429 SEABREEZE BLVD., SUITE 211~~
~~FT. LAUDERDALE FL 33316~~

Mailing Address

~~1323 N. W. 28TH AVENUE~~
~~POMPANO BEACH FL 33062~~

2. Principal Place of Business

1323 N.E. 28TH AVE.

Suite, Apt. #, etc.

3. Mailing Address

1323 N.E. 28TH AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

POMPANO BEACH, FL.

City & State

4. FEI Number

65-0293802

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTONGUAY, FRED J II~~1323 N. W. 28TH AVENUE~~**POMPANO BEACH FL 33062**

Name

Street Address (P.O. Box Number is Not Acceptable)

1323 N.E. 28TH AVE

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 \$550.00****After SEPTEMBER 13, 2000 Min. will be \$750.00**
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTONGUAY, FRED J. II	NAME	
STREET ADDRESS	21 NE 23RD AVENUE	STREET ADDRESS	1323 N.E. 28TH AVE
CITY-ST-ZIP	FT. LAUDERDALE FL	CITY-ST-ZIP	POMPANO BEACH, FL., 33062
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	
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 REQUIRED: FRED J. II, PRES.**7-10-00 981-463-1531**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
DT# S83527
DW71453

Castonguay Associates, Inc.
1323 N.E. 28th Avenue
Pompano Beach, Fl., 33062

July 10, 2000

State of Florida
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl., 32302-1500

RE: 2000 UBR / Document # S83527

Dear Examiner;

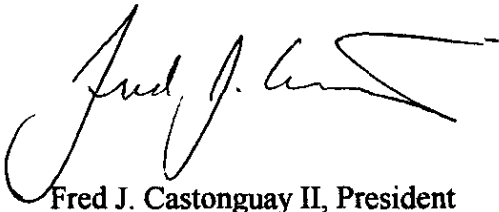
When I filed my 1999 Profit Corporation Annual Report, in January of 1999, I included address changes both for the Corporation and for the registered agent. Those address changes were incorrectly entered in your records. The correct street address should have been 1323 N.E. 28th Avenue (enclosed is a copy of the 1999 report showing the changes).

As a result of this inadvertent error I did not receive the 2000 UBR first filing notice, and have only now discovered the mistake.

In a phone conversation with a Department representative (Robert) this morning, I was advised to submit the 2000 UBR, with corrections, along with a check in the amount of \$150.00, the filing fee I would have paid if I had received the original notice, a letter outlining the situation, and any supporting documentation. I hope you find the enclosed in order.

Thank you.

Sincerely,



Fred J. Castonguay II, President

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

WWW.SUNBIZ.ORG

Attachment
#S83527
0071453

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

MAILED
1-25-99

DOCUMENT # S83527

1. Corporation Name
CASTONGUAY ASSOCIATES, INC.

Principal Place of Business
429 SEABREEZE BLVD., SUITE 211
FT. LAUDERDALE FL 33316

Mailing Address
429 SEABREEZE BLVD., SUITE 211
FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1 Suite, Apt. #, etc.

2 City & State

3 Zip Country

4 25

2a. Mailing Address

26 1323 N.E. 28TH AVE.

Suite, Apt. #, etc.

27 City & State

28 POMPANO BEACH, FL.

29 33062 30 U.S.A.

9. Name and Address of Current Registered Agent

CASTONGUAY, FRED J II
429 SEABREEZE BLVD.
STE 211
FT. LAUDERDALE FL 33316

3. Date Incorporated or Qualified

09/24/1991

4. FEI Number

65-0293802

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 - May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81 Name

CASTONGUAY, FRED J. II

82 Street Address (P.O. Box Number is Not Acceptable)

1323 N.E. 28TH AVE.

83

84

POMPANO BEACH

FL

85 Zip Code

33062

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when re-listing)

DATE

12. OFFICERS AND DIRECTORS

1.1 NAME P [] DELETE

1.2 NAME CASTONGUAY, FRED J. II

1.3 STREET ADDRESS 21 NE 23RD AVENUE

1.4 CITY-ST-ZIP FT. LAUDERDALE FL

1.5 TITLE [] DELETE

1.6 NAME [] DELETE

1.7 STREET ADDRESS [] DELETE

1.8 CITY-ST-ZIP [] DELETE

1.9 TITLE [] DELETE

1.10 NAME [] DELETE

1.11 STREET ADDRESS [] DELETE

1.12 CITY-ST-ZIP [] DELETE

1.13 TITLE [] DELETE

1.14 NAME [] DELETE

1.15 STREET ADDRESS [] DELETE

1.16 CITY-ST-ZIP [] DELETE

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1.26 NAME [] DELETE

1.27 STREET ADDRESS [] DELETE

1.28 CITY-ST-ZIP [] DELETE

1.29 TITLE [] DELETE

1.30 NAME [] DELETE

1.31 STREET ADDRESS [] DELETE

1.32 CITY-ST-ZIP [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] Change [] Addition

1.2 NAME [] Change [] Addition

1.3 STREET ADDRESS [] Change [] Addition

1.4 CITY-ST-ZIP [] Change [] Addition

1.5 TITLE [] Change [] Addition

1.6 NAME [] Change [] Addition

1.7 STREET ADDRESS [] Change [] Addition

1.8 CITY-ST-ZIP [] Change [] Addition

1.9 TITLE [] Change [] Addition

1.10 NAME [] Change [] Addition

1.11 STREET ADDRESS [] Change [] Addition

1.12 CITY-ST-ZIP [] Change [] Addition

1.13 TITLE [] Change [] Addition

1.14 NAME [] Change [] Addition

1.15 STREET ADDRESS [] Change [] Addition

1.16 CITY-ST-ZIP [] Change [] Addition

1.17 TITLE [] Change [] Addition

1.18 NAME [] Change [] Addition

1.19 STREET ADDRESS [] Change [] Addition

1.20 CITY-ST-ZIP [] Change [] Addition

1.21 TITLE [] Change [] Addition

1.22 NAME [] Change [] Addition

1.23 STREET ADDRESS [] Change [] Addition

1.24 CITY-ST-ZIP [] Change [] Addition

1.25 TITLE [] Change [] Addition

1.26 NAME [] Change [] Addition

1.27 STREET ADDRESS [] Change [] Addition

1.28 CITY-ST-ZIP [] Change [] Addition

1.29 TITLE [] Change [] Addition

1.30 NAME [] Change [] Addition

1.31 STREET ADDRESS [] Change [] Addition

1.32 CITY-ST-ZIP [] Change [] Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FRED J. CASTONGUAY, PRES.

1/22/99

954-463-1531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #