

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90090 012 ***150.00

DOCUMENT # 413901

1. Entity Name
NEVETTE CONSTRUCTION CORP.

Principal Place of Business

**C/O MARCIA B. CABALLERO
 2450 SW 137TH AVE. S-221
 MIAMI FL 33175**

Mailing Address

**C/O MARICA B. CABALLERO. ESQ
 2450 SW 137TH AVE. S-221
 MIAMI FL 33175
 US**

80051290



2. Principal Place of Business

**9192 Coral way
 Suite 201
 Miami Florida**

3. Mailing Address

**9192 Coral way
 Suite 201
 Miami Florida**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1520894**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CABALLERO, MARCIA B.
 2450 S.W. 137TH AVE., STE. 221
 MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name **Caballero, Marcia B.**
 Street Address (P.O. Box Number is Not Acceptable)
**9192 Coral way
 Suite 201**
 City **Miami** FL Zip Code **33165**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **3/5/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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 Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GONZALEZ, NESTOR	
STREET ADDRESS	350 S.W. 124 AVE.	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	S	<input type="checkbox"/> Delete
NAME	CABALLERO, MARCIA B	
STREET ADDRESS	2450 SW 137 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GONZALEZ, NESTOR	
STREET ADDRESS	350 S.W. 124 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caballero, Marcia B.	
STREET ADDRESS	9192 Coral way Suite 201	
CITY-ST-ZIP	Miami, Florida 33165	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if 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 **3/11/02**

Daytime Phone #

REC-170

CR2E034 (9/01)