

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90036 027 ***150.00

DOCUMENT # 634774

1. Entity Name
E & D CONSTRUCTION CORP.

Principal Place of Business

7600 W 20TH AVE.
 213
 HIALEAH FL 33016
 US

Mailing Address

7600 W 20TH AVE.
 213
 HIALEAH FL 33016
 US

2. Principal Place of Business

480 W 84th Street

3. Mailing Address

480 W 84th Street

Suite, Apt. #, etc.

#201

Suite, Apt. #, etc.

#201

City & State

HIALEAH FLORIDA

City & State

HIALEAH FL.

Zip

33014

Country

MIAMI-DADE

Zip

33014

Country

MIAMI-DADE

6. Name and Address of Current Registered Agent

DELGADO, RENAN E.
7600 WEST 20TH AVENUE
SUITE 213
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name

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

480 W 84th Street

#201

City

HIALEAH

FL

Zip Code

33014

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 Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **DELGADO, RENAN E.**
 STREET ADDRESS **7600 W. 20TH AVE., #213**
 CITY-ST-ZIP **HIALEAH FL**

TITLE **V** ☐ Delete
 NAME **DELGADO, ALEIDA**
 STREET ADDRESS **7600 W. 20TH AVE., #213**
 CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **S** ☐ Delete
 NAME **DELGADO, ANTONIO**
 STREET ADDRESS **7600 W. 20TH AVE., #213.**
 CITY-ST-ZIP **HIALEAH FL 33016**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **480 W 84th St. #201**
 CITY-ST-ZIP **HIALEAH FL. 33014**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **480 W 84th St. #201**
 CITY-ST-ZIP **HIALEAH FL. 33014**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **480 W 84th St. #201**
 CITY-ST-ZIP **HIALEAH FL. 33014**

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

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

TITLE ☐ Change ☐ 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)(j), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/02 (305)558-6280

Date

Daytime Phone #

CR2E034 (9/01)