

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90003 037 ***550.00

0039513 AV

DOCUMENT # H93826

1. Entity Name
JORGE S. LAMADRID CONSTRUCTION CO., INC.

Principal Place of Business
1492 W. FLAGLER STREET
MIAMI FL 33140

Mailing Address
1492 W. FLAGLER STREET
MIAMI FL 33140

2. Principal Place of Business
2915 PRAIRIE AVENUE

3. Mailing Address
2915 PRAIRIE AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI BEACH, FLA.

City & State
MIAMI BEACH, FLA.

4. FEI Number
59-2626422

Applied For
 Not Applicable

Zip
33140

Country
USA

Zip
33140

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LAMADRID, JORGE S.
1492 W. FLAGLER STREET
MIAMI FL 33140

7. Name and Address of New Registered Agent

Name
JORGE LAMADRID
 Street Address (P.O. Box Number is Not Acceptable)
2915 PRAIRIE AVENUE

City
MIAMI BEACH FL Zip Code
33140

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

(NOTE: Registered Agent signature required when reinstating)

AUGUST 5, 2001
 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 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT LAMADRID, JORGE S. 1492 W. FLAGLER STREET MIAMI FL 33140 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAMADRID, JORGE S. 2915 PRAIRIE AVENUE MIAMI BEACH, FLA 33140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jorge Lamadrid*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUGUST 5 2001 786 395 0227
 Date Daytime Phone #

CR2E034 (5/01)