FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K82258

1. Entity Name

EASTERN CONTRACTORS CORP.



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90217 007 ***150.00

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2. Principal Place of Business	3. Mailing Address
7152 NW 50 Street	7152 NW 50 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami, FL 33166	Miami, FL 33166
City & State	City & State

DO NOT WRITE IN THIS SPACE

65-0122937 Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

Country

7. Name and Address of Current Registered Agent
Name
PLANAS, Juan E.

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

4. FEI Number

7152 NW 50 Street

City Miami

FL 33966

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. I am familiar with, and accept the obligations of registered agent.

Country

SIGNATURE

Zip

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00 Amended UBR is \$61.25

Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

DAT

 Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE PLANAS, Juan STREET ADDRESS STREET ADDRESS 7152 NW 50 Street Miami, FL 33166 CITY-ST-ZIP CITY-ST-ZIP TITLE TILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VΡ TITLE TITLE Planas, Luis NAME NAME STREET ADDRESS 7152 NW 50 Street STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP <u>Miami, FL 33166</u> IN THIS SPACE TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or on an attachment with an address, with all other time of the corporation.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

Tran E. Planas DPS

DPS 4/22/0

(305)592-3136 Dayumo-Prone # CR2E034B (12/02)