

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90160 004 ***150.00

REGISTRATION

DOCUMENT # P00000106300

1. Entity Name
CADIZ CONSTRUCTION, INC.



Principal Place of Business
1780-79 ST. CSWY., #306-C
MIAMI FL 33141

Mailing Address
1780-79 ST. CSWY., #306-C
MIAMI FL 33141



2. Principal Place of Business
9591 FONTAINE BLEAU BLVD.

Suite, Apt. #, etc.
#502

City & State
MIAMI, FL

Zip
33172

Country

3. Mailing Address
9591 FONTAINE BLEAU BLVD.

Suite, Apt. #, etc.
#502

City & State
MIAMI, FL

Zip
33172

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0105355** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
CADIZ, FERNANDO A
1780-79 ST. CSWY., #306-C
MIAMI FL 33141

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
9591 FONTAINE BLEAU BLVD
#502
City **MIAMI** FL Zip Code **33172**

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.

SIGNATURE _____ DATE **4-2-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CADIZ, FERNANDO A 1780-79 ST. CSWY., #306-C MIAMI FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9591 FONTAINE BLEAU BLVD #502 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CADIZ, NELSON F 1780-79 ST. CSWY., #306-C MIAMI FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 9591 FONTAINE BLEAU BLVD #502 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CADIZ, ANDRES A 1780-79 ST. CSWY., #306-C MIAMI FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 9591 FONTAINE BLEAU BLVD. #502 MIAMI, FL 33172
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
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
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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CADIZ** DATE: **4-2-03** PHONE: **(786) 488-1208**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)