


**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** *P01000065937*

**1. Entity Name**  
*CONSTRUCT GROUP CORPORATION*



**DO NOT WRITE IN THIS SPACE**

**11029470**

<b>2. Principal Place of Business</b> <i>16479 SW 98th Terr.</i>	<b>3. Mailing Address</b> <i>8440 NW 169th Terr.</i>
<small>Suite, Apt. #, etc.</small>	<small>Suite, Apt. #, etc.</small>

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<b>City &amp; State</b> <i>MIAMI, FL.</i>	<b>City &amp; State</b> <i>MIAMI LAKES, FL.</i>
<b>Zip</b> <i>33196</i>	<b>Zip</b> <i>33016</i>
<b>Country</b> <i>USA</i>	<b>Country</b> <i>USA</i>

<b>4. FEI Number</b> <i>05-1119942</i>	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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**7. Name and Address of Current Registered Agent**

**Name** *JUAN C. QUESADA*

**Street Address (P.O. Box Number is Not Acceptable)**  
*16479 SW 98th Terrace*

**CITY** *MIAMI*      **FL**      **Zip Code** *33196*

**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** \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when recording.)      **DATE** \_\_\_\_\_

January 1, 2003 Fee is \$20.00  
 Also May 1, Fee is \$20.00  
 Financial Year is 12/31/22  
 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	
<b>TITLE</b> <i>PRESIDENT</i>	<b>NAME</b> <i>JUAN C. QUESADA</i>
<b>STREET ADDRESS</b> <i>16479 SW 98th Terrace</i>	<b>CITY-STATE-ZIP</b> <i>MIAMI, FL. 33196</i>
<b>TITLE</b> <i>VICE-PRESIDENT</i>	<b>NAME</b> <i>JORGE I. POLLES</i>
<b>STREET ADDRESS</b> <i>8440 NW 169th Terrace</i>	<b>CITY-STATE-ZIP</b> <i>MIAMI LAKES, FL. 33016</i>
<b>TITLE</b>	<b>NAME</b>
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<b>STREET ADDRESS</b>	<b>CITY-STATE-ZIP</b>

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CAPED34B (12/02)

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 like empowered.**

**SIGNATURE:** *JORGE I. POLLES*       **DATE:** *4/14/03*      **OFFICER PHONE #:** *(205) 824-8845*