

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


2/2

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90174 039 \*\*\*150.00

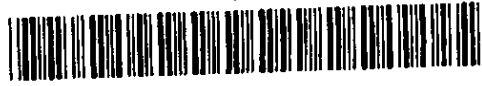
**DOCUMENT #** P02000050092

Entity Name  
**CONSTOA, INC.**



Principal Place of Business  
**431 SW 28TH STREET  
MIAMI FL 33175-7178**

Mailing Address  
**13431 SW 28TH STREET  
MIAMI FL 33175-7178**



Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**CARRIAZO, OSVALDO  
13431 SW 28TH STREET  
MIAMI FL 33175-7178**

4. FEI Number  
**EIN 03-0438672**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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]* DATE

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		<input type="checkbox"/> Delete
TITLE	<b>PD CARRIAZO, OSVALDO</b>	<input type="checkbox"/>
NAME	<b>13431 SW 28TH STREET</b>	
STREET ADDRESS	<b>MIAMI FL 33175-7178</b>	
CITY-ST-ZIP		
TITLE	<b>STD CARRIAZO, ARLENE C</b>	<input type="checkbox"/>
NAME	<b>13431 SW 28TH STREET</b>	
STREET ADDRESS	<b>MIAMI FL 33175-7178</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **REQUIRED**

Date **2/15/03** Daytime Phone **786-295-9390**

CR2E034 (10/02)