

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90866 003 ***150.00

DOCUMENT # P14095

1. Entity Name

CONSTRUCTA U.S., INC.

Principal Place of Business

Mailing Address

2665 S. BAYSHORE DR.
 SUITE 302
 COCONUT GROVE FL 33133
 US

2665 S. BAYSHORE DR.
 SUITE 302
 COCONUT GROVE FL 33139-3151
 US

2. Principal Place of Business

3. Mailing Address

1501 Collins Ave

1501 Collins Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3rd Floor

3rd Floor

City & State

City & State

Miami Beach FL

Miami Beach FL

Zip

Country

Zip

Country

33139

USA

33139

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-1482952

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	VP	<input type="checkbox"/> Delete
NAME	FAZILLEAU, ERIC	
STREET ADDRESS	2665 S BAYSHORE DR SUITE 302	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	MEUNIER, JEAN-MARC	
STREET ADDRESS	2665 SOUTH BAYSHORE DR., STE 302	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KWIAT, ANDREW	
STREET ADDRESS	2665 S. BAYSHORE DR., SUITE 302	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	P	<input type="checkbox"/> Delete
NAME	PIETRI, MARC	
STREET ADDRESS	2665 S BAYSHORE DR. STE. 302	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>1501 Collins Avenue 3rd Floor</i>	
STREET ADDRESS	<i>1501 Collins Avenue 3rd Floor</i>	
CITY-ST-ZIP	<i>Miami Beach FL 33139</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>1501 Collins Avenue 3rd Floor</i>	
STREET ADDRESS	<i>1501 Collins Avenue 3rd Floor</i>	
CITY-ST-ZIP	<i>Miami Beach FL 33139</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>1501 Collins Avenue 3rd Floor</i>	
STREET ADDRESS	<i>1501 Collins Avenue 3rd Floor</i>	
CITY-ST-ZIP	<i>Miami Beach FL 33139</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00
 Date

305 538 0135
 Daytime Phone #

CR2E034 (9/99)