

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-17-2000 90995 011 ***150.00

DOCUMENT # P28922

1. Entity Name

CONSTRUCTA, INC.

Principal Place of Business

Mailing Address

2665 SOUTH BAYSHORE DRIVE
 SUITE 302
 COCONUT GROVE FL 33133

2665 SOUTH BAYSHORE DRIVE
 SUITE 302
 COCONUT GROVE FL 33139-3151

2. Principal Place of Business

1501 Collins Avenue

3. Mailing Address

1501 Collins Avenue

Suite, Apt. #, etc.

3rd Floor

Suite, Apt. #, etc.

3rd Floor

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33139

Country

USA

Zip

33139

Country

USA

4. FEI Number

76-0268209

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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	V	<input checked="" type="checkbox"/> Delete
NAME	FAZILLEAU, ERIC	
STREET ADDRESS	2665 S BAYSHORE DR SUITE 302	
CITY-ST-ZIP	COCONUT GROVE FL 33133-5402	
TITLE	S	<input type="checkbox"/> Delete
NAME	KWIAT, ANDREW	
STREET ADDRESS	2665 S BAYSHORE DR SUITE 302	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GAZILLEAU, ERIC	
STREET ADDRESS	2665 SOUTH BAYSHORE DR., SUITE 302	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MEUNIER, JEAN-MARC	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 302	
CITY-ST-ZIP	COCONUT GROVE FL 33133-5402	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	POETSCH, JEFF	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 302	
CITY-ST-ZIP	COCONUT GROVE FL 33133-5402	
TITLE	V	<input type="checkbox"/> Delete
NAME	GIEBEL, GEORGE	
STREET ADDRESS	2665 S. BAYSHORE DR SUITE 302	
CITY-ST-ZIP	COCONUT GROVE FL 33133	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Pietri Marc</i>	
STREET ADDRESS	<i>1501 Collins Avenue 3rd Floor</i>	
CITY-ST-ZIP	<i>Miami Beach FL 33139</i>	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Kwiat Andrew</i>	
STREET ADDRESS	<i>1501 Collins Avenue 3rd Floor</i>	
CITY-ST-ZIP	<i>Miami Beach FL 33139</i>	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Fazilleau, Eric</i>	
STREET ADDRESS	<i>1501 Collins Ave 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 Ave 3rd Floor</i>	
STREET ADDRESS	<i>Miami Beach FL 33139</i>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>1501 Collins Ave 3rd Floor</i>	
STREET ADDRESS	<i>Miami Beach, FL 33139</i>	
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 all other like empowered.

SIGNATURE: *S. G. V. [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00

Date

305 538 0135

Daytime Phone #