

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90152 014 ***150.00

DOCUMENT # P95000017306

1. Entity Name

CAMAS CONSTRUCTION CORP.

Principal Place of Business

Mailing Address

9513 SW 165 CT
 MIAMI FL 33196
 US

9513 SW 165 CT
 MIAMI FL 33196-1025
 US

2. Principal Place of Business

9513 SW 165 Court

3. Mailing Address

9513 SW 165 Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami - Florida

City & State

Miami - Florida

4. FEI Number

65-0562694

Applied For

Not Applicable

Zip

33196

Country

USA -

Zip

33196

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMAS, MARIO J
 9513 SW 165 CT
 MIAMI FL 33196

7. Name and Address of New Registered Agent

Name

Mario J. Camas

Street Address (P.O. Box Number is Not Acceptable)

9513 SW 165 Court

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.

SIGNATURE

[Signature]

P.S.D.

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

TITLE	PSD <input type="checkbox"/> Delete
NAME	CAMAS, MARIO J
STREET ADDRESS	9513 SW 165 CT
CITY-ST-ZIP	MIAMI FL 33196
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.S.D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mario J. Camas
STREET ADDRESS	9513 SW 165 Ct.
CITY-ST-ZIP	Miami - FL - 33196
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	
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 all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00

305-388-5141

Date

Daytime Phone #

CR2E034 (9/99)