

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90312 044 ***150.00

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DOCUMENT # P00000072535

1. Entity Name
GENERAL CONSTRUCCIONES Y SERVICIOS NEFEL 2000, I NC.



Principal Place of Business

~~6440 SW 20ST~~

~~MIAMI FL 33351~~

Mailing Address

~~1870 W 84 ST~~

~~HIALEAH FL 33014~~

2. Principal Place of Business

6270 SW 16th TERR.

Suite, Apt. #, etc.

3. Mailing Address

6270 SW 16th TERR

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1028365

Applied For

☐ Not Applicable

Zip

33155

Country

U.S.A.

Zip

33155

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROMERO-VERA, SAUL BERNARDO

6440 SW 20ST

MIAMI FL 33351

7. Name and Address of New Registered Agent

Name

ROMERO-VERA, SAUL BERNARDO

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

6270 SW 16th TERR.

City

MIAMI

FL

Zip Code

33155

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

Saul Romero

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/09/03

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

TITLE **PDS** ☐ Delete
NAME **ROMERO-VERA, SAUL BERNARDO**
STREET ADDRESS **6640 SW 20ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33351**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/09/03

Date

(305) 262-5344

Daytime Phone #

CR2E034 (10/02)