

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90187 012 \*\*\*150.00

**DOCUMENT # 331338**

1. Entity Name  
**VALE CONSTRUCTION COMPANY INC**

Principal Place of Business      Mailing Address  
**W FLAGLER ST**      **2351 W FLAGLER ST**  
**FL 33135**      **MIAMI FL 33135-1524**

**638639**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*Same*      *Same*  
 City & State      City & State

4. FEI Number      Applied For  
**59-1321541**       Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent  
**VIDAL, SERGIO C**  
**2351 WEST FLAGLER STREET**  
**MIAMI FL 33135**

7. Name and Address of New Registered Agent  
 Name      *n/a*  
 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      *n/a*      DATE  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	VPD	<input type="checkbox"/> Delete
STREET ADDRESS	O'DELL, ANA	
CITY-ST-ZIP	2351 W FLAGLER ST	
	MIAMI FL 33135	
TITLE	SD	<input type="checkbox"/> Delete
STREET ADDRESS	VIDAL, TERESA	
CITY-ST-ZIP	2351 W FLAGLER ST	
	MIAMI FL 33135	
TITLE	PD	<input type="checkbox"/> Delete
STREET ADDRESS	VIDAL, SERGIO C.	
CITY-ST-ZIP	2351 WEST FLAGER ST	
	MIAMI FL 33135	
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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: *SERGIO C. VIDAL*      Date: *4-11-00*      Daytime Phone #: *305 649 5700*

CR2E034 (9/99)