

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90004 029 ***150.00

DOCUMENT # 386333

1. Entity Name
S-W CONSTRUCTION COMPANY

Principal Place of Business

**13680 NW 19TH AVENUE
BAY 1
OPA LOCKA FL 33054
US**

Mailing Address

**13680 NW 19TH AVENUE
BAY 1
OPA LOCKA FL 33054
US**

2. Principal Place of Business

**15440 NW 34 AVENUE
Suite, Apt. #, etc.**

3. Mailing Address

**15440 NW 34 AVENUE
Suite, Apt. #, etc.**

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

59-1371874

Applied For

Not Applicable

Zip

33054

Country

MIAMI-DADE

Zip

33054

Country

MIAMI-DADE

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SUTTON,RUSSELL R
13680 NW 19TH AVENUE
BAY 1-A
MIAMI FL**

7. Name and Address of New Registered Agent

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD			
	SUTTON,R R	19020 WEST LAKE DRIVE	MIAMI LAKES FL	
	TD			
	WALKER, O N	16505 LOCHNESS CT	HIALEAH FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: SUTTON,RUSSELL R

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-02 3056858284

CR2E034 (9/01)