FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jan 31, 2002 8:00 am 420308 DOCUMENT # **Secretary of State** 1. Entity Name 01-31-2002 90092 015 \*\*\*150.00 VASALLO CONSTRUCTION INC. Principal Place of Business Mailing Address 61 GRAND CANAL DR 61 GRAND CANAL DR SUITE 202 SUITE 202 MIAMI FL 33144 **MIAMI FL 33144** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1440081 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VASALLO, PEDRO E Street Address (P.O. Box Number is Not Acceptable) 61 GRAND CANAL DRIVE SUITE 202 **MAIMI FL 33144** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE Change ☐ Addition TITLE Delete VASALLO, PEDRO E NAME NAME 61 GRAND CANAL DRIVE SUITE 202 STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL CITY-ST-ZIP ☐ Addition r ☐ Delete ☐ Change TITLE TITLE MCCAY, FRANK NAME NAME 61 GRAND CANAL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33144 CITY-ST-ZIP TITLE ☐ Addition ☐ Delete Change TITLE VASALLO, DAWN D NAME NAME STREET ADDRESS 61 GRAND CANAL DR, 202 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33144** CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eport 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 of 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