

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 499426

1. Entity Name

HDS CONSTRUCTION COMPANY

Principal Place of Business

2151 LEJEUNE RD  
STE 202  
CORAL GABLES FL 33134  
US

Mailing Address

P O BOX 43-1021  
S. MIAMI FL 33243-1021  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1659595

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, RODOLFO, JR  
2151 LEJEUNE RD  
STE 202  
CORAL GABLES FL 33134

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                          |                                            |
|----------------|--------------------------|--------------------------------------------|
| TITLE          | PD                       | <input type="checkbox"/> Delete            |
| NAME           | HERNANDEZ, RODOLFO JR    |                                            |
| STREET ADDRESS | 2121 PONCE DE LEON #1050 |                                            |
| CITY-ST-ZIP    | CORAL GABLES FL 33134    |                                            |
| TITLE          | SD                       | <input type="checkbox"/> Delete            |
| NAME           | HERNANDEZ, IRENE         |                                            |
| STREET ADDRESS | 2121 PONCE DE LEON #1050 |                                            |
| CITY-ST-ZIP    | CORAL GABLES FL 33134    |                                            |
| TITLE          | VD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | CASSEL, MARWIN S         |                                            |
| STREET ADDRESS | 175 NW 1ST AVE #2000     |                                            |
| CITY-ST-ZIP    | MIAMI FL 33134           |                                            |
| 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"/> 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 |
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| 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:

*Rodolfo Hernandez Jr.*  
RODOLFO HERNANDEZ JR.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00  
Date

305-447-3993  
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)