

# 2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT #

- 649162

1. Entity Name

FIVE ACES CONSTRUCTION CORP.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 29 PM 12:16

Principal Place of Business

Mailing Address

13336 NW 8TER  
MIAMI FL 33182

13336 NW 8TER  
MIAMI FL 33182

2. Principal Place of Business

3. Mailing Address

13336 NW 8TER

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

59-1960986

Applied For

Not Applicable

Zip

33182

Country

DADE

Zip

33182

Country

DADE

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANCISCO MARTINEZ  
8650 SW 34 TER  
MIAMI FL 33155

Name

LAZARO MARTINEZ

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

13336 NW 8TER

City

MIAMI

FL

Zip Code

33182

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

Francisco Martinez

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

(NOTE: Registered Agent signature required when reinstating)

100003532271

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

Trust Fund Contribution.

☐

\$500.00

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V  
NAME Francisco Martinez  
STREET ADDRESS 8650 S.W. 34th Terrace  
CITY-ST-ZIP Miami, Florida 33155 ☒ Delete

TITLE P/V  
NAME Lazaro Martinez  
STREET ADDRESS 13336 N.W. 8th Terrace  
CITY-ST-ZIP Miami, Florida 33182 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 an officer like empowered.

SIGNATURE:

LAZARO MARTINEZ

Date

Daytime Phone #

CR2E034 (9/99)