## **NOT-FOR-PROFIT CORPORATION**

**DOCUMENT # 766151** 

## UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 14, 2003 8:00 am Secretary of State

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WILLIAM V	

Miami Chapter of Construction Specifications Institute, Inc. SPDO NOT WRITE IN THIS SPACE 3. Mailing Address Principal Place of Business PO Box 526104 6528 W 3rd Court DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 59-2797273 Not Applicable City & State Miami, FL Hialeah, FL \$8.75 Additional Country 5. Certificate of Status Desired Country Fee Required Zip 33012 **USA** 33152 USA 7. Name and Address of Current Registered Agent Name Remberto J Leiseca Street Address (P.O. Box Number is Not Acceptable) DO NOT WRITE IN THIS SPACE 6528 W 3rd Court Zip Code City Hialeah 33012 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. I am familiar with, and accept ered agent. the obligations of reg REMERKE J LEISECH (NOTE: Registered Agent signature required when reinstating) SIGNATURE Make Check Payable to \$5.00 May Be 9. Election Campaign Financing FEE IS \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees Initial or Amended UBR OFFICERS AND DIRECTORS CR2E037B (12/02) 10. TITLE TITLE NAME NAME Debora Fields STREET ADDRESS 100 N Biscayne Boulevard - 27th Floor STREET ADDRESS CITY-ST-ZIP CITY-ST-7P Miami\_FI TITLE TITLE V/S NAME NAME Jennie A Kyryluk STREET ADDRESS STREET ADDRESS 6526 SW 20 Street CETY-ST-7/P Miami\_FL\_33155. CITY-ST-ZIP TITLE NAME NAME Remberto J Leiseca DO NOT WRITE STREET ADDRESS STREET ADDRESS 6528 W 3 Court CITY-ST-ZIP CITY-ST-ZIP Hislash Fl-- 22012 IN THIS SPACE TITLE NAME NAME Luis Fors STREET ADDRESS STREET ADDRESS 3832 Shipping Avenue CITY-ST-ZIP CITY-ST-ZIP Miami El 22146 TITLE TITLE NAME Juan Corbella STREET ADDRESS STREET ADDRESS 800 Douglas Entrance - 2nd Floor CITY-ST-ZIP CITY-ST-ZIP Coral Gahles Fl 33134 TITLE TITLE NAME NAME Jose Amanzar STREET ADDRESS STREET ADDRESS 2600 Douglas Road - Ste 510 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or on an officer or director with all the life of the section of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an officer or director. attachment with an address, with all other like empowered.

SIGNATURE: