

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 10, 2000 8:00 am**
Secretary of State

05-10-2000 90113 016 ***150.00

DOCUMENT # F98000001310

1. Entity Name

ADACONDA CONSTRUCTION COMPANY LIMITED

Principal Place of Business

10357 SW 165 COURT
MIAMI FL 33196

Mailing Address

C/O TR HERRERA
17974 SW 33RD CT
MIRAMAR FL 33029-1636

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANCE JOSEPH ESQ., P.A.
6950 N. KENDALL DR. SUITE 200
MIAMI FL 33156

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PC	WOOD, CHRISTOPHER	67 SLIPE RD, KINGSTON 5	JAMAICA, WI	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	ROSS, MICHAEL	10357 SW 165TH COURT	MIAMI FL 33196	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TS	WOOD, JEAN	67 SLIPE RD, KINGSTON 5	JAMAICA, WI	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	WOOD, COLIN	67 SLIPE RD, KINGSTON 5	JAMAICA, WI	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)