

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90954 050 ***150.00

DOCUMENT # F98000001310

1. Entity Name

ADACONDA CONSTRUCTION COMPANY LIMITED

Principal Place of Business

Mailing Address

10357 SW 165 COURT
 MIAMI FL 33196

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

2. Principal Place of Business

3. Mailing Address

1250 E. HALLANDALE BCH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HALLANDALE, FL

Zip

Country

Zip

Country

33009 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3609116**

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

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PC	WOOD, CHRISTOPHER		
67 SLIPE RD, KINGSTON 5			
JAMAICA, WI			
V	ROSS, MICHAEL		
10357 SW 165TH COURT			
MIAMI FL 33196			
TS	WOOD, JEAN		
67 SLIPE RD, KINGSTON 5			
JAMAICA, WI			
D	WOOD, COLIN		
67 SLIPE RD, KINGSTON 5			
JAMAICA, WI			

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

04/25/01

Date

954-459-0970

Daytime Phone #

011612

CR2E034 (10/00)