

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90149 005 \*\*\*550.00

0043576 AV

**DOCUMENT # G39342**

1. Entity Name

**AMERICAN-ATLANTIC CONSTRUCTION, INC.**



Principal Place of Business

**1223 SW 4TH ST  
3RD FL  
MIAMI FL 33135  
US**

Mailing Address

**1223 SW 4TH ST  
3RD FL  
MIAMI FL 33135  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2325681**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DIAZ, GUARIONE M.  
1223 SW 4 ST  
2ND FLOOR  
MIAMI FL 33135**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>SANTANA, CRISTINA</b>	
STREET ADDRESS	<b>1223 SW 4TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	<b>PAZOS, ANDRES</b>	
STREET ADDRESS	<b>1223 SW 4TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>SWITZER, RAQUEL C</b>	
STREET ADDRESS	<b>1223 SW 4 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>DIAZ, GUARIONE M.</b>	
STREET ADDRESS	<b>1223 SW 4 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>FABREGAS, JOSE</b>	
STREET ADDRESS	<b>1223 SW 4 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BARRETO, MARIELENA</b>	
STREET ADDRESS	<b>1223 SW 4 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NAVARRO MARTA</b>	
STREET ADDRESS	<b>1223 SW 4 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GALAN JUAN</b>	
STREET ADDRESS	<b>1223 SW 4 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

07-24-2003

305-642-1381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)