## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # G93429

1. Entity Name

WATERFRONT CONSTRUCTION, INC.



## FILED Mar 24, 2003 8:00 am § Secretary of State

03-24-2003 90649 045 \*\*\*150.00

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Principal Place of Business 860 E. 16TH PLACE HIALEAH FL 33010		Mailing Address 860 E. 16TH PLACE HIALEAH FL 33010			1		6001	53 <b>0</b> £	;			
	- <del></del>				~. <u>1952</u>		<u> </u>					
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State			City & State				4. FEI Number Se Grooms Applied For					
~		·				, , , , , , , , , , , , , , , , , , ,	59-240	0535		-	lot Applicable	
Zip		Country	Zip		Country		5. Certifica	ite of Status De	sired		3.75 Ac e Requir	
	6. Name an	d Address of Currer	nt Registered A	gent			7. Name ar	nd Address of	New Regis			
B					1	Name	····					
RIVAS, AF					-	Street Address (F	P.O. Box Num	ber is Not Acce	entable)			
	TH PLACE											
HIALEAH	FL 33010											
						Dity				FL	Zip Cod	de
8. The above	named entity su	bmits this statement	for the purpose of	of changing its	s registered o	office or registers	ed agent or b	oth in the State	of Florida	1	iliaa milla	
the obligat	tions of registere	d agent.	ioi ina parpose c	n changing its	s registered t	nice or registere	ed agent, or o	om, in the State	e oi Fiorida.	. I am iam	ıllıar with,	and accept
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SIGNATURE _												
	Signature, typed or pr	nted name of registered ager	nt and title if applicable.	(NOT	TE: Registered Age	ent signature required v	when reinstating)			DATE		
	·····		nt and title if applicable.	(NO)	TE: Registered Age	ent signature required v	when reinstating)	·		DATE		
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indicated on this report or 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 AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-03

305-888-952 Daytime Phone #