2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # H78225 1. Entity Name HIBISCUS CONSTRUCTION CORP.					FILED Mar 02, 2000 8:00 am Secretary of State 03-02-2000 90181 024 ***150.00			
Principal Place	e of Business	Mailing Address						
949 SW 122ND AVE MIAMI FL 33184 US		949 SW 122ND AVE MIAMI FL 33184-2406 US			000	00041		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		FEI Number 59-2834294		Applied For Not Applicable]
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 A Fee Requ		
	6. Name and Address of Curre	nt Registered Agent	Name	7. 1	Name and Address of New Regis	tered Agent		-
6540	IINQUEZ JOSE E) SW 135TH AVE TE 100		Street Address		(P.O. Box Number is Not Acceptable)			
	E 109 Al FL 33183		City			FL Zip C	ode	
Tax filing re (See criteri	pration is eligible to satisfy its Intang equirement and elects to do so. ia on back)	After MAY 1, 2 Make Check Paya	/III FEE IS \$150.00 000 Fee will be \$55 ble to Department	0.00 of State	10. Election Campaign Financi Trust Fund Contribution.	Add	.00 May Be led to Fees	
11. TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Dominguez, Jose E.	ND DIRECTORS	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>AC</u>	DDITIONS/CHANGES TO OFFICER	IS AND DIRECTO		CR2E034 (9/99)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST-ZIP			🗌 Chang	e 🔲 Addition	CR
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			Chang	e 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u></u>		Chang	e 🗌 Addition	
TITLE NAME STREET ADDRESS CITY - ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Chang	e 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Chang		
13. I hereby c indicated of the corr changed, SIGNAT	certify that the information supplied on this report or supplemental repor- poration or the receiver or trustee en- or on an attachment with an address TURE:	with this filling does not qualify f it is four and accurate and that moviered to execute this report is, with all other like enpowered in the filling of the filling office of Phintee Marks of Selecting office	my signature shall ha rt as required by Chap d. RED	d in Section ve the same ter 607, Flor	119.07(3)(i), Florida Statutes. I furt legal effect as if made under oath; ida Statutes; and that my name app $u - \frac{1}{2} - \frac{1}{2} - \frac{1}{2}$	pears in Block 11	or Block 12 if	.