

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90003 037 \*\*\*550.00

003613 AV

**DOCUMENT # H93826**

1. Entity Name

**JORGE S. LAMADRID CONSTRUCTION CO., INC.**

Principal Place of Business

**1492 W. FLAGLER STREET  
 MIAMI FL 33140**

Mailing Address

**1492 W. FLAGLER STREET  
 MIAMI FL 33140**

2. Principal Place of Business

**2915 PRAIRIE AVENUE**

3. Mailing Address

**2915 PRAIRIE AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI BEACH, FLA.**

City & State

**MIAMI BEACH, FLA.**

Zip

**33140**

Country

**USA**

Zip

**33140**

Country

**USA**

4. FEI Number

**59-2626422**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LAMADRID, JORGE S.**

**1492 W. FLAGLER STREET**

**MIAMI FL 33140**

7. Name and Address of New Registered Agent

Name  
**JORGE LAMADRID**

Street Address (P.O. Box Number is Not Acceptable)

**2915 PRAIRIE AVENUE**

City

**MIAMI BEACH**

FL

Zip Code

**33140**

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)

**AUGUST 5, 2001**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE  
**PVT**  
 NAME  
**LAMADRID, JORGE S.**  
 STREET ADDRESS  
**1492 W. FLAGLER STREET**  
 CITY-ST-ZIP  
**MIAMI FL 33140** ☒ Delete

TITLE  
 NAME  
**LAMADRID, JORGE S.**  
 STREET ADDRESS  
**2915 PRAIRIE AVENUE**  
 CITY-ST-ZIP  
**MIAMI BEACH, FLA 33140** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**AUGUST 5 2001 786 395 0227**

Date

Daytime Phone #

CR2E034 (5/01)