

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K01538

1. Entity Name

ICA CONSTRUCTION CORPORATION

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90020 001 ***150.00

Principal Place of Business

2655 LEJEUNE ROAD
STE 1000
CORAL GABLES FL 33134
US

Mailing Address

2655 LEJEUNE ROAD
STE 1000
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address
1424 WEST SAM HOUSTON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

180

City & State

City & State
HOUSTON, TX.

Zip

Country

Zip

Country

77043

USA

4. FEI Number

65-0071720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALE, MICHAEL H.
3250 MARY ST
SUITE 303
MIAMI FL 33133

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, 2000 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

TITLE	VP	<input type="checkbox"/> Delete
NAME	SEPULVEDA, BERNARDO	
STREET ADDRESS	2655 LEJEUNE RD, 1000	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VPAT	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, MANUEL	
STREET ADDRESS	2655 LEJEUNE RD, 1000	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	MONTANO, SERGIO	
STREET ADDRESS	2655 LEJEUNE RD, 1000	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	MARIN, ERNESTO	
STREET ADDRESS	2655 LEJEUNE RD, 1000	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ZARATE, LUIS	
STREET ADDRESS	2655 LEJEUNE RD, 1000	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SERINA, QUIRICO	
STREET ADDRESS	2655 LEJEUNE RD, 1000	
CITY-ST-ZIP	CORAL GABLES FL 33134	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNADEZ, ANTONIO	
STREET ADDRESS	2655 LEJEUNE RD. STE. 1000	
CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIDAL, ULISES	
STREET ADDRESS	1424 WEST SAM HOUSTON, STE. 180	
CITY-ST-ZIP	HOUSTON, TX. 77043	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUERRERO, JOSE L.	
STREET ADDRESS	2655 LEJEUNE RD, STE. 1000	
CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE	V/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALINAS, FERNANDO	
STREET ADDRESS	1424 WEST SAM HOUSTON. STE. 180	
CITY-ST-ZIP	HOUSTON, TX. 77043	
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		

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 an office, like employment.

SIGNATURE:

FERNANDO SALINAS

01-28-00

(713) 464-2212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)