

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90015 037 \*\*\*158.75

**DOCUMENT # K04819**

1. Entity Name  
**TOMAS LUIS BUILDING CONTRACTOR, INC.**

Principal Place of Business 15821 SW 147 AVE. MIAMI FL 33177	Mailing Address 15821 SW 147 AVE. MIAMI FL 33177
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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 **65-0015976**

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**

**CATCHUSIFYOUCAN, INC.**  
**10121 SW 40 STREET**  
**MIAMI FL 33165**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	LUIS, TOMAS		
STREET ADDRESS	15821 SW 147 AVE.		
CITY-ST-ZIP	MIAMI FL 33177		
VP	LUIS, MANUEL		
STREET ADDRESS	15821 SW 147 AVE.		
CITY-ST-ZIP	MIAMI FL 33177		
S	CALZADILLA, RAUL		
STREET ADDRESS	7560 SW 104 STREET		
CITY-ST-ZIP	MIAMI FL 33176		

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: *Tomas Luis*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-19-01  
 Date      Daytime Phone #

CR2E034 (10/00)