

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K60647

1. Entity Name

L & R STRUCTURAL CORP., INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90024 033 \*\*\*158.75

Principal Place of Business

8811 SW 108 ST  
MIAMI FL 33175  
US

Mailing Address

11767 S DIXIE HWY  
STE 115  
MIAMI FL 33156-4438  
US

00057918



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7102 S.W. 44 Street

3. Mailing Address

7102 S.W. 44 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, Florida

City & State

MIAMI, FL

4. FEI Number

65-0096059

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

USA.

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARQUEZ, CARLOS M.  
1401 S.W. 142ND AVENUE  
MIAMI FL 33184

Change of address →

7. Name and Address of New Registered Agent

Name Carlos M. Marquez

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

8811 S.W. 108 ST

City Miami

FL

Zip Code 33176

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

2-20-2000

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 PD  
NAME MARQUEZ, CARLOS M.  
STREET ADDRESS 1401 S.W. 142ND AVE.  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE VSD  
NAME MARQUEZ, BARBARA  
STREET ADDRESS 1401 S.W. 142ND AVE.  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE S  
NAME ALVAREZ, GLADYS  
STREET ADDRESS 12751 SW 43RD DRIVE  
CITY-ST-ZIP MIAMI FL ☐ 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 PD  
NAME Carlos Marquez  
STREET ADDRESS 8811 S.W. 108 ST  
CITY-ST-ZIP Miami FL 33176 ☒ Change ☐ Addition

TITLE VSD  
NAME Barbara Marquez  
STREET ADDRESS 8811 S.W. 108 ST  
CITY-ST-ZIP Miami, FL 33176 ☒ 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-20-2000 (30) 220-8200

Date

Daytime Phone #

CR20034 (9/00)