

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K65686

1. Entity Name

TECNOVA CONSTRUCTION CORPORATION

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90006 008 \*\*\*158.75

Principal Place of Business

5301 SW 130TH AVE  
MIRAMAR FL 33027  
US

Mailing Address

5301 SW 130TH AVE  
MIRAMAR FL 33155-4415  
US

2. Principal Place of Business

7416 SW 48 ST

Suite, Apt. #, etc.

3. Mailing Address

7416 SW 48 ST

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

US

City & State

Miami, FL

Zip

33155

Country

US

4. FEI Number

65-0113037

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZULUETA, FERNANDO  
6255 BIRD ROAD  
MIAMI FL 33155

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DS	<input type="checkbox"/> Delete
NAME	ZULUETA, FERNANDO	
STREET ADDRESS	5301 S W 125TH AVENUE	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BALAIS, MIGUEL	
STREET ADDRESS	5301 SW 125TH AVENUE	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZULUETA, FERNANDO	
STREET ADDRESS	<del>12100 OLD CUTLER RD</del> 7416 SW 48 ST	
CITY-ST-ZIP	Miami, FL 33155	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALAIS, Miguel	
STREET ADDRESS	<del>6800 SW 40 ST</del> 7416 SW 48 ST	
CITY-ST-ZIP	Miami, FL 33155	
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		
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/00

305-662-8660

CR2E034 (9/99)