

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K81820

1. Entity Name

DADE CONTRACTING, INC.

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90097 005 \*\*\*158.75

Principal Place of Business

7921 NW SOUTH RIVER DR.  
STE. 120  
MEDLEY FL 33166  
US

Mailing Address

7921 NW SOUTH RIVER DR.  
STE. 120  
MEDLEY FL 33166  
US

2. Principal Place of Business

8330 NW 58 STREET

3. Mailing Address

P.O. Box 668586

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FLORIDA

City & State

MIAMI, FLORIDA

Zip

33166

Country

DADE

Zip

33166-9449

Country

DADE

4. FEI Number

65-0117002

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

LARA, LUIS F.  
9455 S.W. 44TH 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

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, 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PSD	LARA, LUIS F.	9455 S.W. 44TH STREET	MIAMI FL	<input type="checkbox"/>
V	LARA, REINA E	9455 SW 44 ST	MIAMI FL 33165	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

JAN. 19, 2001

Date

(305) 597-0204

Daytime Phone #

CR2E034 (10/00)