

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90081 047 *****50.00

DOCUMENT # L01000010110

1. Entity Name

AREA CONSTRUCTION, L.C.

Principal Place of Business

**4675 PONCE DE LEON BOULEVARD, SUITE 305
 CORAL GABLES FL 33146**

Mailing Address

**4675 PONCE DE LEON BOULEVARD, SUITE 305
 CORAL GABLES FL 33146**

2. Principal Place of Business

7245 S.W. 105 TERR
 Suite, Apt. #, etc.

3. Mailing Address

7245 SW 105 TERR.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

FEI Number

065-1116813

Applied For

Not Applicable

Zip

33156

Country

Zip

33156

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**STINSON, LOUIS JR
 4675 PONCE DE LEON BLVD., SUITE 305
 CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name **LOUIS A. LEON**
 Street Address (P.O. Box Number is Not Acceptable)

7245 SW 105 TERR
 City **MIAMI** **FL** Zip Code **33156**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **LEON, LUIS A**
 STREET ADDRESS **9360 SUNSET DRIVE, SUITE 210**
 CITY-ST-ZIP **MIAMI FL 33173**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

LOUIS LEON
Manager

4/16/02

Daytime Phone #

305-986-4513

CR2E083 (9/01)