

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-06-2003 90025 030 ****50.00

DOCUMENT # L02000001424

1. Entity Name
D & A CONSTRUCTION, L.C.



Principal Place of Business 8551 WEST SUNRISE BLVD., SUITE 208 C/O DAVID CHENKIN, ESQ. PLANTATION FL 33322	Mailing Address 8551 WEST SUNRISE BLVD., SUITE 208 C/O DAVID CHENKIN, ESQ. PLANTATION FL 33322
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2. Principal Place of Business C/O JOHNNY FIOR	3. Mailing Address 13109 SW 21 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 030-45-3521	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33027	Country USA	Zip 33027	Country USA



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent CHENKIN, DAVID ESQ. 8551 WEST SUNRISE BLVD., SUITE 208 PLANTATION FL 33322	7. Name and Address of New Registered Agent Name JOHNNY FIOR Street Address (P.O. Box Number is Not Acceptable) 13109 SW 21 STREET City MIAMI FL Zip Code 33027
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JOHNNY FIOR** (Signature, typed or printed name of registered agent and title if applicable.)
DATE **FEB. 4, 2003**
(NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIOR, DANILO 8551 WEST SUNRISE BLVD., SUITE 208 PLANTATION FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIOR, AGNESE 8551 WEST SUNRISE BLVD., SUITE 208 PLANTATION FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **JOHNNY FIOR** (Signature, typed or printed name of signing managing member, manager, or authorized representative)
DATE **FEB. 4, 2003**
Daytime Phone # **305-477-4383**

CR2E083 (10/02)