

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94532

1. Entity Name

ODEBRECHT CONSTRUCTION, INC.

Principal Place of Business

201 ALHAMBRA CIR  
SUITE 1400  
CORAL GABLES FL 33134

Mailing Address

201 ALHAMBRA CIR  
SUITE 1400  
CORAL GABLES FL 33134-5106

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0220703

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

LOPES, CAETANO  
201 ALHAMBRA CIR  
SUITE 1400  
CORAL GABLES FL 33134

Name Alexander Christiani

Street Address (P.O. Box Number is Not Acceptable)  
201 Alhambra Circle, Suite 1400

City Coral Gables

FL

Zip Code  
33134

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

*Alexander Christiani*

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
BAIARDO, RENATO J  
PRAIA DE BOTAFOGO, 300  
RIO DE JANEIRO, BRAZIL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
LEITE, LUIS O  
201 ALHAMBRA CL. STE. 1400  
CORAL GABLES FL 33134 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
Luiz Augusto Teive e Argollo da Rocha  
855 Collins Avenue  
Miami Beach, FL 33154 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
ALTIT, PAUL  
PRAIA DE BOTAFOGO, 300  
RIO DE JANEIRO, BRAZIL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
LOPES, CAETANO R  
7955 N.W. 12TH STREET #118  
MIAMI FL 33126 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
Alexander Christiani  
201 Alhambra Circle, Suite 1400  
Coral Gables, FL 33134 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
MORAES PINTO, RICARDO  
201 ALHAMBRA CL. STE. 1400  
CORAL GABLES FL 33134 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DA SILVA SOUZA, CARLOS C  
201 ALHAMBRA CL. STE 1400  
CORAL GABLES FL 33134 ☒ Delete

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)