

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-26-2003 90138 039 ***158.75

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0220703**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHRISTIANI, ALEXANDER
201 ALHAMBRA CIR
SUITE 1400
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
ODEBRECHT, MARCELO B
PRAIA DE BOTAFOGO, 300
RIO DE JANEIRO 22250-040** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ROCHA, LUIZ A
201 ALHAMBRA CIRCLE, STE. 1400
CORAL GABLES FL 33134** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
IBRAHIM, ROGERIO L
PRAIA DE BOTAFOGO, 300
RIO DE JANEIRO 22250-040** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
DE CARVALHO, LUIS A
PRAIA DE BOTAFOGO, 300
RIO DE JANEIRO 22250-040** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
ROLIM, ADRIANO CHAVES JUCA
PRAIA DE BOTAFOGO, 300
RIO DE JANEIRO 22250-040** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
CHRISTIANI, ALEXANDER
201 ALHAMBRA CL. STE. 1400
CORAL GABLES FL 33134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
CHRISTIANI, ALEXANDER
201 ALHAMBRA CIR., STE 1400
CORAL GABLES, FL 33134** ☒ Change ☐ Addition
(MISSPELLED NAME)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
ALMEIDA, CLAUDIO
201 ALHAMBRA CL. STE. 1400
CORAL GABLES FL 33134** ☐ Delete

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

12. 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 10 or Block 11 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 #

(305) 341-8800

CR2E034 (10/02)

DOCUMENT # L94532**ATTACHMENT****UNIFORM BUSINESS REPORT (UBR)****10. OFFICERS AND DIRECTORS** (Continuation)

TITLE:	D
NAME:	HUPSEL, CARLOS JORGE
STREET ADDRESS:	PRAIA DE BOTAFOGO, 300
CITY - ST - ZIP:	RIO DE JANEIRO, RJ BRAZIL 22250