2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000632

1. Entity Name

AMERICAS CONSTRUCTION ENTERPRISES L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 10 AM 9:25

Principal Place of Business	Mailing Address
2520 S.W. 22 Street Suite 2-380 Miami, Fl. 33145	1101 BRICKELL AVENUE Suite 800 Miami, Fl. 33131

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 - 0836771 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PORRAS SERGIO
1101 BRICKELL AVENUE
SUITE 800
MIAMI, Fl. 33131

7. Name and Address of New Registered Agent

Name: ELISEO RUIZ
Street Address (P.O. Box Number is Not Acceptable): 2520 S.W. 22 Street Suite 2 - 380
City: Miami FL Zip Code: 33145

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 ______ DATE 7/7/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW. FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	MGRM	☐ Delete
NAME	ELISEO RUIZ	
STREET ADDRESS	2520 S.W. 22 Street. Suite 2 - 380	
CITY-ST-ZIP	Miami, Fl. 33145	
TITLE	MGRM	☐ Delete
NAME	MARIA F. SUAREZ	
STREET ADDRESS	2520 S.W. 22 St. Suite 2 - 380	
CITY-ST-ZIP	Miami, Fl. 33145	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100003328851--4 -07/13/00--01123--014 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 617, 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: ______ Officer 4-28-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #