

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90048 033 ***150.00

DOCUMENT # M00350

1. Entity Name
D.V. CONSTRUCTION COMPANY



Principal Place of Business
**13370 SW 131 ST
103
MIAMI FL 33186**

Mailing Address
**13370 SW 131 ST
103
MIAMI FL 33186**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
12910 SW 116 ST.
Suite, Apt. #, etc.

3. Mailing Address
12910 SW 116 ST.
Suite, Apt. #, etc.

City & State
MIAMI FL
Zip
33186

City & State
MIAMI FL
Zip
33186

4. FEI Number
59-2447547

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DEL VALLE, JORGE J.
13370 SW 131 ST
S 103
MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
12910 SW 116 ST.
City
MIAMI FL Zip Code
33186

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
1-13-03

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
PST ☐ Delete
NAME
DEL VALLE, JORGE J.
STREET ADDRESS
13370 SW 131ST S103
CITY-ST-ZIP
MIAMI FL 33186

TITLE
PST ☒ Change ☐ Addition
NAME
DEL VALLE, JORGE J.
STREET ADDRESS
12910 SW 116 ST.
CITY-ST-ZIP
MIAMI FL 33186

TITLE
VP ☒ Delete
NAME
DEL VALLE, ROBERTO
STREET ADDRESS
10411 SW 143RD AVE
CITY-ST-ZIP
MIAMI FL 33186-3033

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

TITLE
☐ Delete
NAME
☐ Change ☐ Addition
STREET ADDRESS
☐ Change ☐ Addition
CITY-ST-ZIP
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TITLE
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TITLE
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NAME
☐ Change ☐ Addition
STREET ADDRESS
☐ Change ☐ Addition
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 REQUIRED**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
01-13-03 DAYTIME PHONE #
305.970.8064

CR2E034 (10/02)