


FILED
May 19, 2003 8:00 am
Secretary of State

04-28-2003 91844 031 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **M 09364**

1. Entity Name
Pupi Construction, Co. Inc



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55041874

| | |
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| 2. Principal Place of Business 8900 SW 117 Ave Suite, Apt. #, etc. 10815 City & State MIAMI FL | 3. Mailing Address 10840 SW 129 St Suite, Apt. #, etc. City & State MIAMI FL |
| Country MIAM-DADE | Country DADE |

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|-----------------------------------|--|--|
| DO NOT WRITE IN THIS SPACE | 4. FEI Number 59-2474232 | Applied For <input type="checkbox"/> Not Applicable |
| | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | 7. Name and Address of Current Registered Agent Name Henry Fernandez Street Address (P.O. Box Number is Not Acceptable) 10840 SW 129 St City MIAMI FL Zip Code 33176 | |

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 **Henry Fernandez**
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$850.00
Amended UBR is \$61.25
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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP President Henry Fernandez 10840 SW 129 St Miami, FL 33176 | TITLE NAME STREET ADDRESS CITY - ST - ZIP |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Henry Fernandez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)