

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90102 043 ***150.00

DOCUMENT # M16031

1. Entity Name
ALDREY PLANNING AND CONSTRUCTION COMPANY, INC.



Principal Place of Business
**7495 NW 7TH STREET
#3
MIAMI FL 33126
US**

Mailing Address
**6619 S DIXIE HWY
STE 314
MIAMI FL 33143
US**



☒ CHECK HERE IF MAKING CHANGES

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 **59-2535297**

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

ALDREY, EDMUNDO

~~1560 LUGO AVE
CORAL GABLES, FL 33156~~ **12855 RED ROAD
CORAL GABLES, FL 33156**

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.

EDMUNDO ALDREY

(NOTE: Registered Agent signature required when reinstating)

1-14-03

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	PD	<input type="checkbox"/> Delete
NAME	ALDREY, EDMUNDO	
STREET ADDRESS	1560 LUGO AVENUE 12855 RED ROAD	
CITY-ST-ZIP	CORAL GABLES, FL CORAL GABLES, 33156	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ALDREY, MERCEDES	
STREET ADDRESS	1560 LUGO AVENUE 12855 RED ROAD	
CITY-ST-ZIP	CORAL GABLES, FL CORAL GABLES, 33156, FL	
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CITY-ST-ZIP		

CR2E034 (10/02)

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 OF EDMUNDO ALDREY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03

Date

305-669-0330

Daytime Phone #