

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M40722

1. Entity Name

C. TARAFA CONTRACTING, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90092 041 ***150.00

Principal Place of Business

Mailing Address

232 MIRACLE MILE
CORAL GABLES FL 33134
US

P O BOX 347198
CORAL GABLES FL 33234-7198
US

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

59-2715866

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

TARAFA, CARLOS
7305 VISTALMAR ST
CORAL GABLES FL 33143

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.

SIGNATURE CARLOS F. TARAFA

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

(NOTE: Registered Agent signature required when reappointing)

DATE

1/5/2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PVS
STREET ADDRESS TARAFA, CARLOS
CITY-ST-ZIP 321 CAMPANA AVE.
CORAL GABLES FL 33156

TITLE ☒ Change ☐ Addition
NAME PVS
STREET ADDRESS Tarafa Carlos
CITY-ST-ZIP 7305 Vistalmar St.
CORAL GABLES FL 33143

TITLE ☐ Delete
NAME TD
STREET ADDRESS TARAFA, CARLOS
CITY-ST-ZIP 321 CAMPANA AVE.
CORAL GABLES FL 33156

TITLE ☒ Change ☐ Addition
NAME TD
STREET ADDRESS Tarafa Carlos
CITY-ST-ZIP 7305 Vistalmar St.
CORAL GABLES FL 33143

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CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2000
Date

(305) 476-0018
Daytime Phone #

CR20034 (9/99)