

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90035 001 ***158.75

DOCUMENT # M94831

1. Entity Name

ANDRADE GUTIERREZ CONSTRUCTION, INC.

Principal Place of Business

**8009 N.W. 36 STREET
 SUITE 213
 MIAMI FL 33166**

Mailing Address

**8009 N.W. 36 STREET
 SUITE 213
 MIAMI FL 33166**

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 **65-0168853**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MURAI, WALD, BIONDO, MATTHEWS & MORENO, PA
 900 INGRAHAM BLDG
 25 S.E. 2ND AVE
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	ANDRADE, SERGIO L	
STREET ADDRESS	8009 N.W. 36 STREET, #213	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDRADE, EDUARDO BORGES	
STREET ADDRESS	8009 N.W. 36 STREET, #213	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUTIERREZ, ROBERTO	
STREET ADDRESS	8009 N.W. 36 STREET, #213	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	FERREIRA, PAULO R.P.	
STREET ADDRESS	8009 N.W. 36 STREET, 213	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MARQUES, JOSE C.	
STREET ADDRESS	8009 N.W. 36 STREET, #213	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	PS	<input type="checkbox"/> Delete
NAME	ANTONIO DE PADUA-ARAÚJO	
STREET ADDRESS	8009 NW 36 ST #213	
CITY-ST-ZIP	MIAMI, FL 33166	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO DE PADUA

Date

Daytime Phone #

**04/04/01 (305)
 PRESIDENTE 591-9765**

CR2E034 (10/00)