

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90292 004 ****70.00

0043023

DOCUMENT # N99000006410

1. Entity Name

TRANSFORMATION - RECONSTRUCTION INC.

Principal Place of Business

**11340 S.W. 216TH STREET
GOULDS FL 33170**

Mailing Address

**11340 S.W. 216TH STREET
GOULDS FL 33170**

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

65-0968250

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEE, EDWARD
11340 S.W. 216TH STREET
GOULDS FL 33170**

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

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEE, GREGORY	
STREET ADDRESS	10555 SW 216 ST APT-B	
CITY-ST-ZIP	MIAMI FL 33190	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	AKINLOTAN, CHERYL A	
STREET ADDRESS	9101 SW 138 PLACE	
CITY-ST-ZIP	MIAMI FL 33186	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LEE, TOMMIE	
STREET ADDRESS	9601 SW 142 AVE APT-1413	
CITY-ST-ZIP	MIAMI FL 33186	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENECY, PAVALA D	
STREET ADDRESS	11241 SW 203 TERR.	
CITY-ST-ZIP	MIAMI, FL 33189	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, JAMES K	
STREET ADDRESS	14410 79 COURT	
CITY-ST-ZIP	NORTH LEXINGTON, FL 33470	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUKES, DARLY	
STREET ADDRESS	20111 SW 123 DR.	
CITY-ST-ZIP	MIAMI, FL 33177	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, WILLIE	
STREET ADDRESS	14515 SW 109TH COURT	
CITY-ST-ZIP	MIAMI, FL 33176	

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		

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 617, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 (305)234-8907

Date

Daytime Phone #

CR2E037 (10/00)