

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000017921

1. Entity Name  
TECH CONSTRUCTION GROUP, INC.

Principal Place of Business Mailing Address  
284 WESTWARD DRIVE 284 WESTWARD DRIVE  
MIAMI SPRINGS FL 33166 MIAMI SPRINGS 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 Applied For  
65-1029819 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PLASENCIA, ROGERIO  
284 WESTWARD DRIVE  
MIAMI SPRINGS FL 33166

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]* DATE 10/13/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 P  
NAME PLASENCIA, ROGERIO JR  
STREET ADDRESS 284 WESTWARD DRIVE  
CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☐ Delete

TITLE V  
NAME PLASENCIA, ROGERIO SR  
STREET ADDRESS 284 WESTWARD DRIVE  
CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☐ Delete

TITLE D  
NAME PLASENCIA, ALEJANDRO  
STREET ADDRESS 284 WESTWARD DRIVE  
CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE 900004669139-1  
NAME -11/06/01--01061--004  
STREET ADDRESS \*\*\*\*750.00 \*\*\*\*750.00  
CITY-ST-ZIP ☐ Change ☐ Addition

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

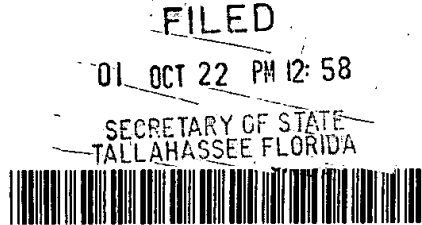
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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]* SIGNATURE REQUIRED  
ROGERIO PLASENCIA JR, PRESIDENT 9/28/01 305 863 1902  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

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