

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90367 002 \*\*\*150.00

**DOCUMENT # P00000018982**

1. Entity Name  
**ALBACORE CONSTRUCTION, INC.**

Principal Place of Business

4444 SW 71ST AVE  
 #105  
 MIAMI FL 33155

Mailing Address

4444 SW 71ST AVE  
 #105  
 MIAMI FL 33155

B0090299



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13435 S.W. 128<sup>th</sup> St. #106  
 Suite, Apt. #, etc.  
 #106

3. Mailing Address

13435 S.W. 128<sup>th</sup> St.  
 Suite, Apt. #, etc.  
 106

City & State  
 Miami - Fl.

City & State  
 Miami - Fl.

4. FEI Number **65-0991250**

Applied For  
 Not Applicable

Zip **33186-6132** Country **Dade**

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

6. Name and Address of Current Registered Agent

RIVERO, LUIS J ESQ.  
 4444 SW 71ST AVE  
 #105  
 MIAMI FL 33155

7. Name and Address of New Registered Agent

Name: **Rivero, Luis J. Esq.**  
 Street Address (P.O. Box Number is Not Acceptable):  
**13435 S.W. 128<sup>th</sup> St. #106**  
 City **Miami** FL Zip Code **33186**

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 \_\_\_\_\_ DATE **04/22/02**  
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 \$150.00**  
**After May 1, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SOSA, ERNESTO G</b>	
STREET ADDRESS	<b>4444 SW 71ST AVE #105</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CARTAYA, DORA</b>	
STREET ADDRESS	<b>4444 SW 71ST AVE #105</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GONZALEZ, MARCIA</b>	
STREET ADDRESS	<b>4444 SW 71ST AVE #105</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sosa, Ernesto G.</b>	
STREET ADDRESS	<b>13435 S.W. 128<sup>th</sup> St. #106</b>	
CITY-ST-ZIP	<b>Miami - Fl. 33186</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Cartaya, Dora</b>	
STREET ADDRESS	<b>13435 S.W. 128<sup>th</sup> St. #106</b>	
CITY-ST-ZIP	<b>Miami - Fl. 33186</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gonzalez, Marcia</b>	
STREET ADDRESS	<b>13435 S.W. 128<sup>th</sup> St. #106</b>	
CITY-ST-ZIP	<b>Miami - Fl. 33186</b>	
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: **Marcia Gonzalez** DATE: **04/22/02** (202) 879-1500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

1243329 AV

CR2E034 (9/01)