

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020822

1. Entity Name

UPDATE CONSTRUCTION, INC.

Principal Place of Business

159 SHORE DR. WEST  
COCONUT GROVE FL 33133

Mailing Address

159 SHORE DR. WEST  
COCONUT GROVE FL 33133

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

65-0985344

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, VIRGILIO  
159 SHORE DR. WEST  
COCONUT GROVE FL 33133

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)

X

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PEREZ, VIRGILIO  
159 SHORE DR. WEST  
COCONUT GROVE FL 33133 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06/25/01

(305) 458-9901



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

0157554

Attachment Doc# P00000020822 A0075764

**Update Construction, Inc.**

**P. O. Box 450677, Miami, FL 33245**

**Tel : (305) 858-9901 \* Fax : (305) 858-8907**

# Memo

**To:** Division of Corporations  
Uniform Business Report

P. O. Box 1500

Tallahassee, FL 32302-1500

**Cert mail 7000 1670 0002 6145 5129**

**From:** Virgilio Pérez

**CC:** Uniform Business Report

**Date:** 06/25/01

**Re:** 2001 Year Uniform Business Report

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We are enclosing the following:

1. We are sending the above reference report duly signed.
2. Ck # 1044 in the amount of \$558.75 dated 06-22-01