## 2002 UNIFORM BUSINESS REPORT (UBR)

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## FILED Apr 03, 2002 8:00 am Secretary of State

1. Entity Name UPDATE CONSTRUCTION, INC.								-03-2002 90185				
159 SHORE	DR. WEST		Mailing Address 159 SHORE DR. WEST COCONUT GROVE FL 33133				757811					
2. Principal F	Place of Busin	ess	3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Stat	te		City & State				4. FEI Number ex coccasa Applied For					
7in Country			Zip Cour				<del></del>	65-0985344	1	No	ot Applicable	1
ΖΙ <b>ρ</b> 	Zip Country		Zip		y		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name	and Address of Current F	legistered Agent		Marros		7. Name and A	ddress of New Regis	tered Age	ent		7
==PEREZ,«V	/IRGILIO				Name			<u> </u>		<u>يمين د د د</u>	<u> </u>	_ -
159 SHORE DR. WEST					Street Address (P.O. Box Number is Not Acceptable)							
	IT GROVE F				}							7
š				City	City FL Zip Code					<u> </u>	1	
R The above	named entity	submits this statement for	the purpose of changing its	e register	ed office of	r registered	agent or both	in the State of Florida				+
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SIGNATURE	Signature tuped of	or printed name of registered agent an	out title if applicable (NO)	TE: Bagietara	ad Agent singet	ure required wh	on reinstating)		DATE			ļ
			<del></del>				erreinstealing)		DAIL			$\dashv$
<ol> <li>This corporation is eligible to satisfy its Intangit         Tax filing requirement and elects to do so.         (See criteria on back)     </li> </ol>			FILE NOW!!! FEE IS \$150.00  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of Sta			50.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
11.		OFFICERS AND D	DIRECTORS	12.			ADDITIONS/CH	ANGES TO OFFICE	RS AND DI	RECTORS	3 IN 11	J.
TITLE NAME · STREET ADDRESS C(TY-ST-ZIP		rgilio He Dr. West Forove Fl 33133	☐ Delete	ff .						] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	- 11						] Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	- 11						] Change	☐ Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	11					C	] Change	☐ Addition	
13. I hereby of indicated of the cor	certify that the on this report poration or the	information supplied with to or supplemental report is to receive or trusted empoy	his filing does not qualify for rue and accurate and that vered to execute this report	or the exe my signat as requi	mption stat ture shall ha red by Cha	ed in Section ave the samu apter 607, F	on 119.07(3)(i), l ne legal effect a lorida Statutes; a	Florida Statutes. I furt s if made under oath; and that my name ap	ner certify that I am a bears in Bl	that the in an officer lock 11 or	formation or director Block 12 if	1

SIGNATURE: