

# 2001 UNIFORM BUSINESS REPORT (UBR)

4  
4/21

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90179 020 \*\*\*158.75

DOCUMENT # P00000021518

1. Entity Name

DOWNRITE ENGINEERING & DEVELOPMENT CORPORATION

(LA)

Principal Place of Business

9451 SW 146 ST  
MIAMI FL 33176

Mailing Address

9451 SW 146 ST  
MIAMI FL 33176

2. Principal Place of Business

14238 SW. 136 Street

Suite, Apt. #, etc.

3. Mailing Address

14238 SW. 136 Street

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI Florida

City & State

MIAMI, Florida

4. FEI Number

65-1010729

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

33186

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ESCALANTE, FRANCISCO J.  
9451 SW 146 ST  
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

SAMUEL LOBUE

Street Address (P.O. Box Number is Not Acceptable)

14238 SW. 136 Street

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

*[Signature]*

SAMUEL LOBUE

April 9, 2001

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

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, 2001 Fee will be \$350.00**  
**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	Pres/Sec/Treas/D	<input type="checkbox"/> Delete
NAME	SAMUEL LOBUE	
STREET ADDRESS	14238 SW. 136 Street	
CITY-ST-ZIP	MIAMI, Florida 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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 addendum, with all other like empowered.

SIGNATURE:

*[Signature]*

SAMUEL LOBUE

April 9, 2001

305-732-7340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Day/Even Phone #

CR2E034 (10/00)