

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

0048291 AV

DOCUMENT # P00000028258

1. Entity Name  
**GENERAL CONTRACTORS-SUB, INC.**

03-13-2001 90072 012 \*\*\*150.00  
 09-06-2001 90050 038 \*\*\*550.00

Principal Place of Business Mailing Address  
**16909 NORTH BAY ROAD SUITE #717** **16909 NORTH BAY ROAD SUITE #717**  
**SUNNY ISLES BEACH FL 33160** **SUNNY ISLES BEACH FL 33160**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**2100 W. 76 ST.** **2100 W. 76 ST**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**212** **212**

City & State City & State  
**HIALEAH FL.** **HIALEAH, FL.**  
 Zip Country Zip Country  
**33016 USA** **33016 USA**

4. FEI Number Applied For  
**65-0992278** Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**RODRIGUEZ, JUAN P** Name  
**16909 NORTH BAY ROAD SUITE #717** Street Address (P.O. Box Number is Not Acceptable)  
**SUNNY ISLES BEACH FL 33160** 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 \_\_\_\_\_ (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.  **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>RODRIGUEZ, JUAN P</b> <b>16909 NORTH BAY ROAD SUITE #717</b> <b>SUNNY ISLES BEACH FL 33160</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>RODRIGUEZ, ERIC</b> <b>5491 W. 24 AVENUE #5</b> <b>HIALEAH FL 33016</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** Date: **8/30/01**

CR2E034 (5/01)