

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State
 01-17-2002 90053 003 ***150.00

DOCUMENT # P00000049519

1. Entity Name
ATROP CONSTRUCTION CORP.

Principal Place of Business

**15909 KINGSMOOR WAY
 MIAMI FL 33014**

Mailing Address

**15909 KINGSMOOR WAY
 MIAMI FL 33014**

2. Principal Place of Business

2221 NW 101 TERR

3. Mailing Address

2221 NW 101 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip

33026

Country

BROWARD

Zip

33026

Country

BROWARD

4. FEI Number

65-1009252

Applied For

☐ 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

PORTA, JOSE C JR

**~~15909 KINGSMOOR WAY~~
~~MIAMI FL 33014~~**

**2221 NW 101 TERR.
 PEMBROKE PINES, FL
 33026**

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

JOSE C. PORTA JR.
(PRESIDENT)

[Handwritten Signature]

1-8-2002

Signature of the current 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) ☐

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 **PTD** ☐ Delete
 NAME **PORTA, JOSE C JR.**
 STREET ADDRESS **~~15909 KINGSMOOR WAY~~**
 CITY-ST-ZIP **~~MIAMI FL 33014~~**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **JOSE C. PORTA JR.**
 STREET ADDRESS **2221 NW 101 TERR.**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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 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:

JOSE C. PORTA JR (PRESIDENT)

1-8-2002 954-322-2465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)