FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000051012

1. Entity Name
TECO CONSTRUCTION, INC.

FILED
02 APR 15 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
429 SW 102nd Ave	429 SW 102nd Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami FL	City & State Miami, FL
Zip 33174 Country	Zip 33174 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1010315 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name Juan P. Luna
Street Address (P.O. Box Number is Not Acceptable) 429 SW 102nd Ave
City Miami **FL** Zip Code 33174

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]
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President	TITLE	
NAME	Juan P. Luna	NAME	
STREET ADDRESS	429 S.W 102nd Ave	STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33174	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Wilmer LUNA	NAME	
STREET ADDRESS	429 S.W 102 nd Ave	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33174	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B

Attachment
Document #: P00000051012

Please Do NOT Remove pg 2.

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $300.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **TECO CONSTRUCTION, INC**

Thank you for your courtesy in this matter.

JUAN P LUNA
PRESIDENT