

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90281 018 ***158.75

DOCUMENT # P00000053215

1. Entity Name
ALLAPATTAH CONSTRUCTION, INC.

Principal Place of Business
**2634 NW 21ST TERR.
 MIAMI FL 33142**

Mailing Address
**2634 NW 21ST TERR.
 MIAMI FL 33142**

BUU74433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1050910	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PACHECO, XIOMARA
 2634 NW 21ST TERR.
 MIAMI FL 33142**

7. Name and Address of New Registered Agent

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: *Xiomara Pacheco* 4/2/02
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)

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	C	<input checked="" type="checkbox"/> Delete
NAME	BERNAL, PETER R	
STREET ADDRESS	9439 FONTAINBLEAU BLVD #113	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	CASTANEDA, FRANK	
STREET ADDRESS	6624 SW 95 CT	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, HECTOR	
STREET ADDRESS	1510 NW 19 AVE #6-116	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	VT	<input type="checkbox"/> Delete
NAME	GARCIA, HECTOR	
STREET ADDRESS	10950 SW 57 TERR	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIOS, ACELA	
STREET ADDRESS	1855 NW 15 AVE #1210	
CITY-ST-ZIP	MIAMI FL 33125	

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFAEL CABEZAS C	
STREET ADDRESS	12001 S.W. 117 AVE.	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIANO CRUZ VC	
STREET ADDRESS	1227 N.W. 26 ST.	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODOVALDO VALDES S	
STREET ADDRESS	2601 N.W. 20 ST.	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECTOR S. GARCIA T	
STREET ADDRESS	10950 S.W. 57 TERR.	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANOLO FERNANDEZ-CANO VT	
STREET ADDRESS	8030 S.W. 16 ST.	
CITY-ST-ZIP	MIAMI, FL 33155	

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: *Rafael Cabezas* 4/2/02 (305) 635-3561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)