

# 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**

BU074433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1050910**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>BERNAL, PETER R</b> <b>9439 FONTAINBLEAU BLVD #113</b> <b>MIAMI FL 33172</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>RAFAEL CABEZAS C</b> <b>12001 S.W. 117 AVE.</b> <b>MIAMI, FL 33186</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>CASTANEDA, FRANK</b> <b>6624 SW 95 CT</b> <b>MIAMI FL 33173</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD</b> <b>MARIANO CRUZ VC</b> <b>1227 N.W. 26 ST.</b> <b>MIAMI, FL 33142</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CABEZAS, RAFAEL</b> <b>10261 SW 58 ST</b> <b>MIAMI FL 33173</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>RODOVALDO VALDES S</b> <b>2601 N.W. 20 ST.</b> <b>MIAMI, FL 33142</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RODRIGUEZ, HECTOR</b> <b>1510 NW 19 AVE #6-116</b> <b>MIAMI FL 33125</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HECTOR S. GARCIA T</b> <b>10950 S.W. 57 TERR.</b> <b>MIAMI, FL 33134</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>GARCIA, HECTOR</b> <b>10950 SW 57 TERR</b> <b>MIAMI FL 33156</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <b>MANOLO FERNANDEZ-CANO VT</b> <b>8030 S.W. 16 ST.</b> <b>MIAMI, FL 33155</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RIOS, ACELA</b> <b>1855 NW 15 AVE #1210</b> <b>MIAMI FL 33125</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Rafael Cabezas* *4/2/02* (305) 635-3561

CR2E034 (9/01)