

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90080 030 ***150.00

DOCUMENT # P00000060137

1. Entity Name
AUDY CONSTRUCTION, INC.

Principal Place of Business Mailing Address
601 NE 22ND STREET **601 NE 22ND STREET**
MIAMI FL 33131 **MIAMI FL 33131**

144611



2. Principal Place of Business 3. Mailing Address
6039 COLLINS AVE #802 **6039 COLLINS AVE #802**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
MIAMI Beach FL 33140 **MIAMI Beach FL 33140**
 City & State City & State

DO NOT WRITE IN THIS SPACE

65-1020738

4. FEI Number Applied For
NOT APPLICABLE 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

~~XIQUES, ALBERT-J-ESQ~~
1000 BRICKELL AVENUE
SUITE 660
MIAMI FL 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D EL DOUJEJI, JIHAD E 6039 COLLINS AVENUE #802 MIAMI BEACH FL 33140	<input type="checkbox"/> Delete
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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 all other like empowered.

SIGNATURE _____ **2/14/02** Date Daytime Phone #

CR2E034 (9/01)