

# 2002 UNIFORM BUSINESS REPORT (UBR) #2

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90100 035 \*\*\*150.00

**DOCUMENT #** P000000 62321

**1. Entity Name**  
A-J. Black Construction ✓

**Principal Place of Business** **Mailing Address**  
211 S.W. 18th Avenue  
#5  
Miami, FL 33135

**2. Principal Place of Business** **3. Mailing Address**  
Same Same

**Suite, Apt. #, etc.** **Suite, Apt. #, etc.**  
City & State City & State  
Zip Country Zip Country

**4. FEI Number** **Applied For**  
59-3728951 Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
Angel Moreno  
211 S.W. 18th Avenue #5  
Miami, FL 33135

**7. Name and Address of New Registered Agent**  
Name: Same  
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** **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing**  
Tax filing requirement and elects to do so: ☐ **After MAY 1, 2001 Fee will be \$550.00** Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**  
(See criteria on back) **Make Check Payable to Department of State**

**11. OFFICERS AND DIRECTORS**

TITLE	President	<input type="checkbox"/> Delete
NAME	Angel Moreno	
STREET ADDRESS	211 S.W. 18th Avenue #5	
CITY-ST-ZIP	Miami, FL 33135	
TITLE	STD	<input type="checkbox"/> Delete
NAME	Victor Rivo	
STREET ADDRESS	211 S.W. 18th Ave #5	
CITY-ST-ZIP	Miami, FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** \_\_\_\_\_ **Date** 4/29/02 **Daytime Phone #** (305) 642-3531

CR2E034 (11/00)