

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 22, 2001 8:00 am
Secretary of State

03-13-2001 90070 038 ***150.00

DOCUMENT # P00000062902

1. Entity Name

TOTAL CONSTRUCTION GROUP, INC.

Principal Place of Business

Mailing Address

8890 CORAL WAY
 SUITE 217
 MIAMI FL 33165

8890 CORAL WAY
 SUITE 217
 MIAMI FL 33165

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

☒ Applied For
☐ 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

ALFONSO, LAZARO
8890 CORAL WAY
SUITE 217
MIAMI FL 33165

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/9/01

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, 2001 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT	LAZARO M. ALFONSO	5805 W 15th	HALEAH FL 33012	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VICE PRESIDENT	LAZARO ALFONSO	421 NW 15th #91	Gainesville, FL 32603	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SECRETARY	GRISSEL ALFONSO	5805 W 15th	HALEAH FL 33012	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TREASURER				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/01

305 207 9553

Date

Daytime Phone #

CR2E034 (10/00)