

AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

04 DEC 21 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000063718

1. Entity Name

ONSITE CONSTRUCTION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10720 SW 38ST

Suite, Apt. #, etc.

MIAMI, FLA. 33165

City & State

MIAMI, FLA.

3. Mailing Address

10720 SW 38ST

Suite, Apt. #, etc.

MIAMI, FLA.

City & State

MIAMI, FLA. 33165

4. FEI Number

65-1020663

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ricardo Hernandez

Street Address (P.O. Box Number is Not Acceptable)

10720 SW 38ST

City

miami

FL

Zip Code

33165

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

12/16/04

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HERNANDEZ, PERIA 10720 SW 38ST MIAMI, FLA 33165 DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HERNANDEZ, NELLO 10720 SW 38ST MIAMI, FLA 33165 DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HERNANDEZ, RICARDO J. 10720 SW 38ST MIAMI, FLA 33165 DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE
IN THIS SPACE

800043616088
12/27/04-01002-016 **\$1.25

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/04

Date

Daytime Phone #

CR2E034B (12/01)