2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90312 044 ***150.00

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DOCUMENT # P00000072535

1. Entity Name
GENERAL CONSTRUCCIONES Y SERVICIOS NEFEL 2000, INC.

Principal Place of Business	Mailing Address
~~6440 SW 20ST~~	~~1870 W 84 ST~~
~~MIAMI FL 33351~~	~~HIALEAH FL 33014~~

2. Principal Place of Business	3. Mailing Address
6270 SW 16th TERR.	6270 SW 16th TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33155 Country: U.S.A.	Zip: 33155 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1028365 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROMERO-VERA, SAUL BERNARDO
6440 SW 20ST
MIAMI FL 33351

7. Name and Address of New Registered Agent

Name: ROMERO-VERA, SAUL BERNARDO
Street Address (P.O. Box Number is Not Acceptable): 6270 SW 16th TERR.
City: Miami FL Zip Code: 33155

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 4/09/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDS ROMERO-VERA, SAUL BERNARDO 6640 SW 20ST FORT LAUDERDALE FL 33351	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/09/03 (305) 262-5344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #