

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, I NC.	

Principal Place of Business 6440 SW 20ST MIAMI FL 33351	Mailing Address 1870 W 84 ST HALEAH FL 33014
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2. Principal Place of Business 6270 SW 16th TERR.	3. Mailing Address 6270 SW 16th TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

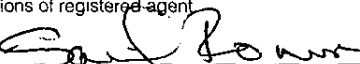


☐ CHECK HERE IF MAKING CHANGES

City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 65-1028365	Applied For ☐ Not Applicable
Zip 33155	Country U.S.A.	Zip 33155	Country U.S.A.
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
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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  **DATE** 4/09/03

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

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

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:  **4/09/03 (305) 262-5344**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)