

2001 UNIFORM BUSINESS REPORT (UBR)

0083737

DOCUMENT # P00000083853
 1. Entity Name
CONSTRUCCIONES 2041, Inc.

FILED
 01 APR 24 PM 2:51
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
 5373 SW 131 TERRACE 5373 SW 131 TERRACE
 MIRAMAR, FL 33027 MIRAMAR, FL 33027



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 9000 W. SHERIDAN STREET 9000 W. SHERIDAN STREET
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 SUITE 120 SUITE 120

City & State City & State
 PEMBROKE PINES, FL PEMBROKE PINES, FL

4. FEI Number Applied For
 65-1049023 Not Applicable

Zip Country Zip Country
 33024 33024

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

6. Name and Address of Current Registered Agent
 ABLAN, EDUARDO
 5373 SW 131 TERRACE
 MIRAMAR, FL 33027

7. Name and Address of New Registered Agent
 Name SAME
 Street Address (P.O. Box Number is Not Acceptable)
 9000 W. SHERIDAN STREET
 SUITE 120
 City PEMBROKE PINES FL Zip Code 33024

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 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR EDUARDO ABLAN 5373 SW 131 TERRACE MIRAMAR, FL 33027 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/TREASURER/DIRECTOR EDUARDO ABLAN 560 CASCADE FALLS DRIVE WESTON, FL 33327 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT/SECRETARY/DIRECTOR HENNY ZULOAGA 560 CASCADE FALLS DRIVE WESTON, FL 33327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700004163737--5 -05/08/01--01146--018 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: EDUARDO ABLAN, PRESIDENT 04/20/2001 (954) 322-1559
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)