	FUR PROFIT	Dag	10/or		
DOCUMENT # POOD 000 85296				AMEND	10 10.0
CAMPOS WASTROCTION CS. INC.				FILED	
P85296				02 NOV -6 AM 10:5	9
DO NOT WRITE IN THIS SPACE				SECRETARY OF STATE TALLAMASSEE, FLORID	
5820S	I Place of Business FW / 0 8 PC ot. #, etc.	3. Mailing Address 2915 GRAJADA BLVD Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & St		City & State	BLES, FL	4. FEI Number 65-0986560	Applied For
2 3	173 Country USA	33/34	Country	5. Certificate of Status Desired	Not Applicable \$8.75 Additional
	17   454	133134	<u> </u>	7. Name and Address of Current Registere	Fee Required
Name					
3 DO NOT WALLE Street Ad				s (P.O. Box Number is Not Acceptable)	
	IN THIS SP	ACE	60 Company (CCC) 40 CCC	NAMBA BUD.	
Passing Superior		·	Errse.	GABLUS FL	Zip Code 33/34
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 signary/or required when reinstating)  DATE					
Tax filing (See crite	ooration is eligible to satisfy its Intangible requirement and elects to do so. eria on back)	After May t Amended Make Check Payabi	ry 1 Fee is \$150.00 Fee is \$550.00 UBR is \$61.25 e to Department of State	10. Election Campaign Financing Trust Fund Contribution:	\$5.00 May Be Added to Fees
nne	PRESIDENT	DIRECTORS	niu		
NAME STREET ADDRESS CITY-ST-ZIP	CRISANTO E. C. 2915 GRANADA CORNE GABLE	800	NAME STREET ADDRESS CITY: ST-ZIP		
TITLE NAME			TITLE		
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	7000088408 11/06/02-01144001	37 **61,25
TITLE NAME	MATMONIDES CA. SECRETARY 2915-GRANDOR CORAL GABICS	MPOS	INTLE .		
STREET ADDRESS CITY-ST-ZIP	2915-GRANADA	ELVD	STREET ADDRESS  CITY ST. ZIP	DO NOT WRI	TE
TITLE	COIOIC GABCCS,	FC 331-1	nne		and the second of the second of the second
NAME STREET ADDRESS	,,	,	NAME STREET ADDRESS	IN THIS SPAC	<b>注</b>
CITY-ST-ZIP		<i>;</i> 10	CITY-ST-ZIP		
TITLE NAME		•	mue		
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-7IP		
TITLE			mi	The second s	
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY ST-ZIP		
13. Thereby 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 attachment with an address, with all other like empowers.					
SIGNATURE:  SIGNAT					

Mycror

## CAMPOS CONSTRUCTION CO.

STATE CERTIFIED GENERAL CONTRACTOR (CGC)
LICENSE # 062247
STATE CERTIFIED PROFESSIONAL ENGINEER (PE)
LICENSE # 57046

5820 SW 108 PLACE, MIAMI, FL. 33173 Cel. (305)-978-3162 Home: (305)-444-3441 Fax (305)-444-3523 E-Mail: CamposBuilder@AOL.COM

> Coral Gables, FI Nov. 2/02

Department of State, Division of Corporations P.O. Box # 1500
Tallahassee, Fl. 32302-1500

REF.: "amended Uniform Business Report

Please find attached the above form, as well as check # 172 for the amount of \$ 61.25 covering the cost for this amendment.

The NEW slate of officers are:

Crisanto E. Campos, President

Maimonides Campos, Secretary

Please process this change as soon as possible,

Cris E. Campos, PE President