

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91552 042 ***158.75

DOCUMENT # P00000086165

1. Entity Name
CONSTRUCTION AFFAIRS, INC.

Principal Place of Business
11522 SW 187TH TERRACE
MIAMI FL 3+315-7

Mailing Address
11522 SW 187TH TERRACE
MIAMI FL 3+315-7

C0068409



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2651 A N.W. 20 Street

3. Mailing Address
2651 A N.W. 20 St.

Suite, Apt. #, etc.
MIAMI FLORIDA

Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

4. FEI Number
65-103 9792

Applied For
 Not Applicable

Zip
33142

Country
U.S.A.

Zip
33142

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNEDY, JOHN
11522 SW 187TH TERRACE
MIAMI FL 3+315-7

Name

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

City

FL

Zip Code

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

5/16/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **KENNEDY, JOHN**
 STREET ADDRESS **11522 SW 187TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 3+315-7**

TITLE - **S** ☐ Change ☒ Addition
 NAME **CHRISTINE NEWTON**
 STREET ADDRESS **11522 SW 187 TER**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE - **P** ☐ Change ☐ Addition
 NAME **JOHN KENNEDY**
 STREET ADDRESS **11522 SW 187 TER**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Change ☐ Addition
 NAME **HENRY HENRY**
 STREET ADDRESS **1148 Union St # 7**
 CITY-ST-ZIP **BROOKLYN N.Y. 11225**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE - **T** ☐ Change ☐ Addition
 NAME **JOHN KENNEDY**
 STREET ADDRESS **11522 SW 187 TER**
 CITY-ST-ZIP **MIAMI, FLORIDA 33157**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **JOHN KENNEDY**

Date

Daytime Phone #

305 219-2899
305 254-9715

CP2E034 (10/00)