

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000088461

1. Entity Name

DPT CONSTRUCTION, INC.

Principal Place of Business

4532 RAIN TREE RIDGE ROAD  
ORLANDO FL 32837

Mailing Address

P.O. Box 690268  
Orlando, FL 32869-0268

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 690268  
Suite, Apt. #, etc.

City & State

City & State  
Orlando, FL

4. FEI Number

59-367-179

Applied For

Not Applicable

Zip

Country

Zip

Country

32869-0268 Orange

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

ESPITIA, JAVIER ARDANY  
1025 S. HIAWASSEE RD., #2224  
ORLANDO FL 32835

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]*

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

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	President	<input type="checkbox"/> Delete
NAME	Javier Ardany Espitia	
STREET ADDRESS	1025 S. Hiawassee Rd. #2224	
CITY-ST-ZIP	Orl, FL 32835	
TITLE	Vice-Pres.	<input type="checkbox"/> Delete
NAME	Hector J. Espitia	
STREET ADDRESS	8800 Buena Place #11206	
CITY-ST-ZIP	Windermere, FL 34786	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Edwin A. Navarro	
STREET ADDRESS	825 Ravins Cir. Apt. 107	
CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]*

Signature, typed or printed name of signing officer or director

04-09-01

Date

407-466-5333

Daytime Phone #

FILED  
Aug 31, 2001 8:00 am  
Secretary of State

04-11-2001 90057 036 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)