

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90305 013 \*\*\*150.00

DOCUMENT # P00000097173

1. Entity Name

LAKES CONSTRUCTION CORP.

Principal Place of Business

Mailing Address

~~14505 COMMERCE WAY, STE 505~~  
 MIAMI LAKES FL 33016

~~14505 COMMERCE WAY, STE 505~~  
 MIAMI LAKES FL 33016

14629 GLENCAIRN RD.

14629 GLENCAIRN RD.

2. Principal Place of Business

14629 Glencairn Road  
 Suite, Apt. #, etc.

3. Mailing Address

14629 Glencairn Rd.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip  
 33016

Country  
 USA

Zip  
 33016

Country  
 USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

RUBI, MERCEDES  
 14629 GLENCAIRN ROAD  
 MIAMI LAKES FL 33016

7. Name and Address of New Registered Agent

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

*Mercedes Rubi*

MERCEDES RUBI

4/05/01

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete  
 NAME P, S  
 STREET ADDRESS MERCEDES RUBI  
 CITY-ST-ZIP 14629 GLENCAIRN ROAD  
 MIAMI LAKES, FL 33016

TITLE ☐ Delete  
 NAME T  
 STREET ADDRESS OSVALDO RUBI  
 CITY-ST-ZIP 8615 NW 169TH  
 MIAMI, FL 33016

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME P, S  
 STREET ADDRESS MERCEDES RUBI  
 CITY-ST-ZIP 14629 GLENCAIRN ROAD  
 MIAMI LAKES, FL

TITLE ☐ Change ☐ Addition  
 NAME T  
 STREET ADDRESS OSVALDO RUBI  
 CITY-ST-ZIP 8615 NW 169TH  
 MIAMI, FL 33016

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

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

TITLE ☐ Change ☐ Addition  
 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 or empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/05/01

Date

305-984-3959

Daytime Phone #

CR2E034 (10/00)