

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

07-19-2001 90001 020 ***155.00
 08-29-2001 90026 003 ***403.75

DOCUMENT # P00000107538

1. Entity Name

LIMA VELEZ CONSTRUCTION CORPORATION

Principal Place of Business

**280 SW 112 AVENUE
MIAMI FL 33174**

Mailing Address

**280 SW 112 AVENUE
MIAMI FL 33174**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1056460
☒ Applied For
☐ Not Applicable
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

**VELEZMORO, JUAN
 280 SW 112 AVENUE
 MIAMI FL 33174**

Name

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

City

FL**Zip Code 33174**

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

*Juan Velez**Juan Velez***7/14/01**

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

(NOTE: Registered Agent signature required when renewing)

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**
 TITLE ☐ Delete
PD
VELEZMORO, JUAN
 STREET ADDRESS
280 SW 112 AVENUE
 CITY-ST-ZIP
MIAMI FL 33174

 TITLE ☐ Delete
VD
VELEZMORO, GLADYS
 STREET ADDRESS
280 SW 112 AVENUE
 CITY-ST-ZIP
MIAMI FL 33174

 TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 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:

*Juan Velez**Juan Velez***7/14/01****(305) 338-9092**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)