

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90040 021 ***158.75

DOCUMENT # P00000114382

1. Entity Name
HI-TECH DEMOLITION SERVICES, INC.

Principal Place of Business

**370 FLAGAMI BLVD
 MIAMI FL 33144**

Mailing Address

**370 FLAGAMI BLVD
 MIAMI FL 33144**

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 **65-1076419**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUGO, JOSE L
 370 FLAGAMI BLVD
 MIAMI FL 33144**

Name **LUGO, ROSA**

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

City **MIAMI, FL.**

FL

Zip Code **33144**

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: *Rosa Lugo*
 Signature, typed or printed name of registered agent and title if applicable.

JAN 15th., 2002

(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, 2002 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 **FACUNDO, LENNY**
 STREET ADDRESS **370 FLAGAMI BLVD**
 CITY-ST-ZIP **MIAMI FL 33144**

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

TITLE **VD** ☒ Delete
 NAME **LUGO, JOSE LUIS**
 STREET ADDRESS **370 FLAGAMI BLVD**
 CITY-ST-ZIP **MIAMI FL 33144**

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

TITLE **TD** ☐ Delete
 NAME **LUGO, GUILLERMO**
 STREET ADDRESS **370 FLAGAMI BLVD**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE **T** ☒ Change ☐ Addition
 NAME **LUGO, WUILLERMO**
 STREET ADDRESS **370 FLAGAMI BLDV**
 CITY-ST-ZIP **MIAMI, FL. 33144**

TITLE **SD** ☐ Delete
 NAME **LUGO, ROSA**
 STREET ADDRESS **370 FLAGAMI BLVD**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE **P/S** ☒ Change ☐ Addition
 NAME **LUGO, ROSA**
 STREET ADDRESS **370 FLAGAMI BLVD.**
 CITY-ST-ZIP **MIAMI, FL. 33144**

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: *Rosa Lugo*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 15th./02 (305) 796-0602

Date

Daytime Phone #

CP2E034 (9/01)