

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 AUG 14 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000114382

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

DO NOT WRITE IN THIS SPACE

800007143968--3

-08/15/02--01057--016

*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

370 FLAGAMI BLVD.

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI, FL. 33144

City & State

SAME

Zip

33144

Country

USA

Zip

SAME

Country

SAME

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROSA LUGO

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

370 FLAGAMI BLVD.

City

MIAMI, FL.

FL

Zip Code
33144

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

8/8/02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	P ROSA LUGO 370 FLAGAMI BLVD. MIAMI, FL. 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S GUILLERMO LUGO 370 FLAGAMI BLVD. MIAMI, FL. 33144
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**DO NOT WRITE
IN THIS SPACE**

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 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

08/08/2002

Date

(305) 796-0602

Daytime Phone #

CR2E034B (12/01)