

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90123 045 ***750.00

DOCUMENT # P01000021733

1. Entity Name

UNIFIED CONSTRUCTION GROUP, INC.

Principal Place of Business

**501 BRICKELL KEY DRIVE, SUITE 504
 MIAMI FL 33131**

Mailing Address

**501 BRICKELL KEY DRIVE, SUITE 504
 MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

**1111 BISCAYNE BLVD
 APT 1418**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33181

DADE

4. FEI Number

65-1089094

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

**ROBINSON, WESLEY M ESQ.
 501 BRICKELL KEY DRIVE, SUITE 504
 MIAMI FL 33131**

Name

DAVID ECHEVERRI

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

1111 BISCAYNE BLVD

PH 1418

City

MIAMI

FL

Zip Code

33181

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

9/2/02

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **PRESIDENT** ☐ Delete
 NAME **DAVID ECHEVERRI**
 STREET ADDRESS **1111 BISCAYNE BLVD PH 1418**
 CITY-ST-ZIP **MIAMI, FL 33181**

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

TITLE **SECRETARY / TREASURER** ☐ Delete
 NAME **ANGEL LUIS ALVAREZ**
 STREET ADDRESS **CALLE PRIMERA, NO 50 PENTHOUSE**
 CITY-ST-ZIP **SANTO DOMINGO, D.R.**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/02

Date

(305) 281-4545

Daytime Phone #

CR2E034 (4/02)