

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90142 022 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000022368

1. Entity Name
TORRES & TORRES CONSTRUCTION, INC.



Principal Place of Business
**18004 SW 152 PL
MIAMI, FL 33187**

Mailing Address
**18004 SW 152 PL
MIAMI, FL 33187**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number
65-1096804

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TORRES, DIONISIO *Dionisio*
**18004 SW 152 PL
MIAMI, FL 33187**

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. 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's signature required when resigning.) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
D	TORRES, JESUS	18004 SW 152 PL	MIAMI, FL 33187	<input checked="" type="checkbox"/>
D	TORRES, AIDA	18004 SW 152 PL	MIAMI, FL 33187	<input checked="" type="checkbox"/>
T	TORRES, LAZARO	18004 SW 152 PL	MIAMI, FL 33187	<input type="checkbox"/>
D	TORRES, DIONISIO	18004 SW 152 PL	MIAMI, FL 33187	<input type="checkbox"/>
VP	TORRES, OSMARY	18004 SW 152 PL	MIAMI, FL 33187	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dionisio Torres* **5/17/03 (786) 299-7461**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)