

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90273 014 ***150.00

DOCUMENT #. P01000033858

1. Entity Name
LC CONSTRUCTION SERVICE, CORP.

Principal Place of Business

**791 SW 64 AVE #1
 MIAMI FL 33144**

Mailing Address

**791 SW 64 AVE #1
 MIAMI FL 33144**

2. Principal Place of Business

**13843 SW 142nd Ave.
 Suite, Apt. #, etc.
 Miami, FL
 City & State**

3. Mailing Address

**13843 SW 142nd Ave.
 Suite, Apt. #, etc.
 Miami FL
 City & State**



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1088333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CASTILLO, LESTER B
 791 SW 64 AVE #1
 MIAMI FL 33144**

7. Name and Address of New Registered Agent

Name **Nayling Ojeda**
 Street Address (P.O. Box Number is Not Acceptable)
19440 E. Country Club Dr
 City **Aventura** FL Zip Code **33180**

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

[Signature]

01/14/02

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

(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 ☐ **\$5.00 May Be
 Trust Fund Contribution. Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CASTILLO, LESTER B	
STREET ADDRESS	791 SW 64 AVE #1	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	MAYLING OJEDA	
STREET ADDRESS	19440 E. Country Club Dr	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	LESTER B. CASTILLO	
STREET ADDRESS	1032 SW 128th Ave.	
CITY-ST-ZIP	MIAMI, FL 33184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAYLING OJEDA	
STREET ADDRESS	19440 E. Country Club Dr	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	VICEPRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESTER B. CASTILLO	
STREET ADDRESS	1032 SW 128th Ave	
CITY-ST-ZIP	MIAMI, FL 33184	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/02

Date

305-220-8018

Daytime Phone #

CR2E034 (9/01)