

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90076 024 \*\*\*150.00

**DOCUMENT # P01000042740**

1. Entity Name  
**EXPANDABLE CONSTRUCTION, INC.**



Principal Place of Business  
**2063 NE 180TH STREET  
NORTH MIAMI BEACH FL 33162**

Mailing Address  
**2063 NE 180TH STREET  
NORTH MIAMI BEACH FL 33162**

**30004346**



2. Principal Place of Business  
**3660 NE 166 ST  
Suite, Apt. #, etc.  
414**

3. Mailing Address  
**3660 NE 166 ST  
Suite, Apt. #, etc.  
414**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**NORTH MIAMI BEACH, FL**  
Zip  
**33160**

City & State  
**NORTH MIAMI BEACH, FL**  
Zip  
**33160**

4. FEI Number  
**65-1098450**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GARCIA, GERARDO  
2063 NE 180TH STREET  
NORTH MIAMI BEACH FL 33162**

**7. Name and Address of New Registered Agent**

Name  
**PORRUA, JOEL**  
Street Address (P.O. Box Number is Not Acceptable)  
**3660 NE 166 ST  
414**  
City  
**NORTH MIAMI BEACH FL** Zip Code  
**33160**

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

DATE  
**01/14/03**

(NOTE: Registered Agent signature required when reinstating)

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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
PORRUA, JOEL  
2063 NE 180TH STREET  
NORTH MIAMI BEACH FL 33162** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
GARCIA, GERARDO  
2063 NE 180TH STREET  
NORTH MIAMI BEACH FL 33162** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
HERNANDEZ, RENE  
2063 NE 180TH STREET  
NORTH MIAMI BEACH FL 33162** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
ALEN, JOHN C  
2063 NE 180TH STREET  
NORTH MIAMI BEACH FL 33162** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
PORRUA, JOEL  
3660 NE 166 ST SUITE 414  
NORTH MIAMI BEACH, FL 33160** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
GARCIA, GERARDO  
3660 NE 166 ST SUITE 414  
NORTH MIAMI BEACH, FL 33160** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
HERNANDEZ, RENE  
3660 NE 166 ST SUITE 414  
NORTH MIAMI BEACH, FL 33160** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
ALEN, JOHN C  
3660 NE 166 ST SUITE 414  
NORTH MIAMI BEACH, FL 33160** ☐ Change ☐ Addition

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

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

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 *Joel Porrua*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
**01/14/03** (305) 441 0900  
Daytime Phone #

CR2E034 (10/02)