

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90154 025 ***158.75

FILED
APR 23 2003
TALLAHASSEE, FL
CLERK OF THE COURT

DOCUMENT # P01000051286

1. Entity Name
TULUATILE REMODELING CONSTRUCTION, CORP.



Principal Place of Business
**8851 NW 119TH ST. SUITE 4402
HIALEAH GARDENS FL 33018**

Mailing Address
**8851 NW 119TH ST. SUITE 4402
HIALEAH GARDENS FL 33018**



2. Principal Place of Business
8851 NW 119 ST #4402

3. Mailing Address
8851 NW 119 ST

Suite, Apt. #, etc.
4402

Suite, Apt. #, etc.
44-02

City & State
Hialeah Gardens

City & State
Hialeah FL

Zip
FL 33018

Zip
33018

Country
USA

4. FEI Number
65-1105603

Applied For
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FELIX, EDA
385 W 49TH ST
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name
Felix EDA

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

385 W. 49TH ST

City **Hialeah** **FL** Zip Code **33012**

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)

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
**PD
GARCIA, MIGUEL A
8851 NW 119TH ST, SUITE 4402
HIALEAH GARDENS FL 33018** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
GARCIA, JOSE A
8851 NW 119TH ST, SUITE 4402
HIALEAH GARDENS FL 33018** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DEL SOCORRO, CUELLAS M
8851 NW 119TH ST, SUITE 4402
HIALEAH GARDENS FL 33018** ☐ Delete

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

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☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)