

2002 UNIFORM BUSINESS REPORT (UBR)

0147203 SP

DOCUMENT # P01000053979

1. Entity Name
UNLIMITED CONSTRUCTION OF SOUTH FLORIDA, INC.

FILED

03 APR -9 AM 7:28

Principal Place of Business
1591 SOUTH WEST 124TH CONC. PLACE
MIAMI FL 33184

Mailing Address
1591 SOUTH WEST 124TH CONC. PLACE
MIAMI FL 33184

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
8310 NW 7TH AVE
Suite, Apt. #, etc.
#53
City & State
MIAMI, FL
Zip
33126
Country
USA

3. Mailing Address
8310 NW 7TH AVE
Suite, Apt. #, etc.
#53
City & State
MIAMI FL
Zip
33126
Country
USA

REINSTATEMENT 02-03

4. FEI Number
65-110 8940
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MORENO, EDUARDO L
1591 SOUTH WEST 124TH CONC. PLACE
MIAMI FL 33184

7. Name and Address of New Registered Agent
Name
SANCHEZ RAMON D.
Street Address (P.O. Box Number is Not Acceptable)
8310 NW 7TH AVE #53
City
MIAMI FL
Zip Code
33126

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]* DATE 12/15/02.

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	PSD MORENO, EDUARDO L 1591 SOUTH WEST 124TH CONC. PLACE MIAMI FL 33184	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SANCHEZ RAMON D. 8310 NW 7TH AVE #53 MIAMI-FL-33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SANCHEZ, RAMON D 1591 SOUTH WEST 124TH CONC. PLACE MIAMI FL 33184	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900008633179 10/28/02--01111--003 **750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD Harlon Sanchez 3448 SW 112 Ave. Miami, FL 33165	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900008633179 04/09/03--01076--001 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/02

Date Daytime Phone #

CR2E034 (4/02)