2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000055845 **DOCUMENT #**

1. Entity Name

TRI EIGH	HT CONST	TRUCTION CORP				03-00-2003 90133 030 130.00	
Principal Place of Business 12651 SOUTH DIXIE HWY. SUITE 326 MIAMI FL 33156 US			Mailing Address 12651 SOUTH DIXIE HWY. SUITE 326 MIAMI FL 33156 US				
2. Principal Place of Business			3. Mailing Address			- - 1	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State			City & State			4. FE! Number 65-1110387 Applied F	
Zìp			Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	Judic
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent	
LEI, SHUFUNG A				Name			
12651 SOUTH DIXIE HWY.				Street	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 326							
MIAMI FL 33156				<u> </u>			
				City		FL Zip Code	İ
8. The above	named entity tions of registe	submits this statement for t	the purpose of changing its r	egistered office	or registere	ed agent, or both, in the State of Florida. I am familiar with, and acc	ept
tile obliga	nons or registe	ered agent.					.
SIGNATURE							
	, Signature, typed o	or printed name of registered agent and	d title if applicable. (NOTE:	Registered Agent sign	nature required w	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. Added to Fees	
10.				11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	lei, shufi	ING A	☐ Delete	TITLE	1	Change	fition
STREET ADDRESS	12661 COUTH DIVIE UNIX CUITE 000		NAME STREET ADDRESS	.			
CITY-ST-ZIP	I MANUEL AGAEA			CITY-ST-ZIP	'	•	
TITLE			☐ Delete	TITLE		☐ Change ☐ Add	lition
NAME STREET ADDRESS				NAME		<u>-</u>	ĺ
CITY-ST-ZIP				STREET ADDRESS			{
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NAME			☐ Delete	TITLE		☐ Change ☐ Add	ition

NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 and because 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 all other like empowered.

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305-278-2712

☐ Change

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FILED

Mar 06, 2003 8:00 am Secretary of State