## **FILED** Jul 14, 2003 8:00 am Secretary of State

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # P0100 STRUCTION, INC.	010	)5182 /		Y			07-14-2003 90344			
Principal Place of Business 471 WEST 38 PLACE HIALEAH FL 33012			Mailing Address 471 WEST 38 PLACE HIALEAH FL 33012								
2. Principal Place of Business			3. Mailing Address					t 160tiber itt bøter hindle brist bøter bris	: 11 <b>3</b> 11 <b>53</b> 1	BI BIL <b>u</b> t Il <b>uu</b> l :	18)14 (18) (18)(
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FI	El Number 65-1151091	·	<del></del>	plied For t Applicable
Zip	Country	Zip	Zip Cour				5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current	Register	ed Agent 🗻 🥆 🎫		Name		7. N	ame and Address of New Registe	red Ag	ent	
ZELAYA, RENE					Name						
	T 38 PLACE					eet Address (P.O. Box Number is Not Acceptable)					
HIALEAH FL 33012											
ua Wi					City				FL	Zip Code	<del></del>
8. The above named entity submits this statement for the purpose of changing its registr					ed office or	registere	d age	nt, or both, in the State of Florida.		niliar with,	and accept
the obligat	ions of registered agent.										
CLOSELATION	Signature, typed or printed name of registered agent		(NOTE: F						ATE		
	<del></del>	and title it ap	Dicable. (NOTE: P	egistered	d Agent signatu	re required v	wnen reir	istating)			
FILE NOW!!! FEE IS \$550.00  After September 10, 2003 Fee will be \$750.0  Make Check Payable to Florida Department of S			0				9. Election Campaign Financing \$5.00 May B Trust Fund Contribution.				
10.	OFFICERS AND	DIRECTO	RS	11,			ADE	DITIONS/CHANGES TO OFFICERS	AND C	IRECTORS	S IN 11
JITLE	PTD Zelaya, rene	☐ Delete		TITLE				[	☐ Change	Addition	
NAME : STREET ADDRESS CITY-ST-ZIP.	471 WEST 38 PLACE HIALEAH FL 33012				ET ADDRESS -ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ZELAYA, YANIRA 471 WEST 38 PLACE HIALEAH FL 33012	<u> </u>	☐ Delete		1				[	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREE		-	<del>-</del>	٠ - ١٠ المسير ١٠ - ١٠ - ١٠	· ~ [	Change	· Addition -
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		- 1					Change	☐ Addition
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREE						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.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

Daytime Phone #