

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000113458**

1. Entity Name
**Amalgamated Construction of the
Palm Beaches, Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1221 Brickell Ave

Suite, Apt. #, etc.

900

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

4. FEI Number

65-2413698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Anastacio Caceres

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

1221 Brickell Ave. #900

City

Miami

FL

Zip Code

33131

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.

SIGNATURE

Anastacio Caceres

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

(NOTE: Registered Agent signature required when reinstating)

9/10/02

Date

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
Anastacio Caceres
1221 Brickell Ave. #900
Miami, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**6500007851906
09/19/02 01069-01
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TITLE
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CITY - ST - ZIP

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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 on an attachment with an address, with or without other like empowered.

SIGNATURE:

Anastacio Caceres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/02 305-995-8292

Date

Daytime Phone #

FILED

02 SEP 11 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034B (12/01)