

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90083 025 ***150.00

DOCUMENT # P01000121427

1. Entity Name
CONTACT CONSTRUCTIONS INC.



Principal Place of Business
**2804 WESTON RD.
WESTON FL 33331**

Mailing Address
**2546 EAGLE RUN DRIVE
WESTON FL 33327**

2. Principal Place of Business
1359-1363 SHOTGUN RD

3. Mailing Address
1359-1363 SHOTGUN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SUNRISE, FL 33326

City & State
SUNRISE, FL 33326

Zip Country
U.S.

Zip Country
U.S.

4. FEI Number **01-0547876**

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

**FINOL, CARMEN V
2546 EAGLE RUN DRIVE
WESTON FL 33327**

7. Name and Address of New Registered Agent

Name
FINOL, CARMEN V
Street Address (P.O. Box Number is Not Acceptable)
1359-1363 SHOTGUN ROAD
City **SUNRISE** **FL** Zip Code **33326**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENALOZA, RUBEN 2546 EAGLE RUN DRIVE WESTON FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PENALOZA, LUIS F 2546 EAGLE RUN DRIVE WESTON FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FINOL, CARMEN V 2546 EAGLE RUN DRIVE WESTON FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PENALOZA, MARIA 2546 EAGLE RUN DR. WESTON FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENALOZA, RUBEN 1359-1363 SHOTGUN RD SUNRISE, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PENALOZA, LUIS F 1359-1363 SHOTGUN RD SUNRISE, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FINOL, CARMEN V 1359-1363 SHOTGUN RD SUNRISE, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PENALOZA, MARIA 1359-1363 SHOTGUN RD SUNRISE, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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:

Carmen V. Finol
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-03

Date

Daytime Phone #

CR2E034 (10/02)