

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90142 045 ***150.00

DOCUMENT # P02000020638

1. Entity Name
ALGABAS' CONSTRUCTION, INC.



Principal Place of Business
1161 SW 9 ST APT B
MIAMI, FL 33130

Mailing Address
1161 SW 9 ST APT B
MIAMI, FL 33130

90061506



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0444645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAAVEDRA, ABRAHAM
1161 SW 9 ST APT B
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name **Arol M. Algabas**
Street Address (P.O. Box Number is Not Acceptable)

1161 SW 9 ST. Apt. B
City **Miami** FL Zip Code **33130**

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 **AROL M. Algabas, PRESIDENT**

3/24/03
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 **PVT** ☐ Delete
NAME **ALGABAS, AROL M**
STREET ADDRESS **1161 SW 9 ST APT B**
CITY-ST-ZIP **MIAMI, FL 33130**

TITLE **DS** ☒ Delete
NAME **SAAVEDRA, ABRAHAM**
STREET ADDRESS **1161 SW 9 ST APT B**
CITY-ST-ZIP **MIAMI, FL 33130**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **AROL M. Algabas** **AROL M. ALGABAS** **3/24/03** **(305) 860-4784**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Case Certificate Phone #

CR2E034 (10/02)