

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2003 8:00 am**  
**Secretary of State**

09-15-2003 90168 001 \*\*\*\*\*8.75  
09-15-2003 90168 002 \*\*\*550.00

0130606 AT

DOCUMENT # P02000026251

1. Entity Name  
ARCHITECTURAL CONSTRUCTION OF FLORIDA, INC.



Principal Place of Business  
2121 FISHER ISLAND DRIVE  
MIAMI FL 33109

Mailing Address  
2121 FISHER ISLAND DRIVE  
MIAMI FL 33109

44005815



2. Principal Place of Business

15913 Fisher Island Drive  
MIAMI, FL

3. Mailing Address

15913 Fisher Island Drive  
MIAMI, FL

☒ CHECK HERE IF MAKING CHANGES

City & State		City & State		FBI Number		Applied For	
MIAMI, FL		MIAMI, FL		020557063		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
33109	USA	33109	USA				

8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PADIAL, JUAN C 2121 FISHER ISLAND DRIVE MIAMI FL 33109				Name: JUAN C PADIAL Street Address (P.O. Box Number is Not Acceptable): 15913 Fisher Island Drive City: MIAMI FL Zip Code: 33109			

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: DATE: 7-28-03

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PADIAL, JUAN C 2121 FISHER ISLAND DRIVE MIAMI FL 33109 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 7-28-03 Daytime Phone #

CR2E034 (4/03)