

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

04-14-2003 90338 050 ***150.00

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

DOCUMENT # P02000071536

1. Entity Name
APONABOR CONSTRUCTION INC

Principal Place of Business
PO BOX 343282
FLORIDA CITY, FL 33034

Mailing Address
PO BOX 343282
FLORIDA CITY, FL 33034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

02-0631472

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIEDRA, APOLINAR
329 WEST PALM DR.
FLORIDA CITY, FL 33034

Name

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

City

FL

Zip Code

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 registering.

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-STATE-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

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STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change

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☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ 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.

SIGNATURE:

Apolinar Piedra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/08/03

305-246-4140

Date

Daytime Phone #

CR2034 (10/02)

Attachment

55051193
#P02000071536

Re: Aponabor Construction Inc
P02000071536
2002 Filing

July 8, 2003

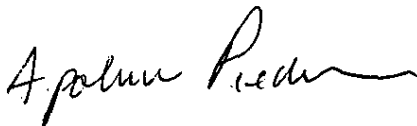
Florida Department of State
Division of corporation
PO-Box-1500
Tallahassee, Fl 32302

Dear Sir:

We received the attached letter from your Office(dated 04-17-2003) and we promptly answer with the attached form, including the employer number you requested. Today we received the form again in order to be send again but with the fee of \$550.00.

We respectfully request an investigation of your records so you can be sure we file the form on time with the information you requested. We already paid the \$150 and the check was cashed by your Department in 04-21-03. We will appreciate your efforts to restore our Corporation and avoid paying back again an extra \$400 which will be extremely cumbersome for us.

Cordially



Apolinar Piedra
PO Box 343282
Florida City, Fl 33034