

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 91399 038 ***163.75

DOCUMENT # P02000110089

1. Entity Name
GLOBAL & GENERAL CONSTRUCTION, INC.



Principal Place of Business
**11633 NW 7 AVE STE 105
MIAMI FL 33168**

Mailing Address
**11633 NW 7 AVE STE 105
MIAMI FL 33168**

2. Principal Place of Business
11633 NW 7 AVE,
Suite, Apt. #, etc.
105

3. Mailing Address
same AS ABOVE
Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

4. FEI Number
38-3677164

Applied For
Not Applicable

Zip Country
33168 U.S.A.

Zip Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ANTOINE, YOLETTE
3537 SW 175 AVE
MIRAMAR FL 33029**

7. Name and Address of New Registered Agent

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. **YOLETTE ANTOINE**

SIGNATURE **[Signature]**
Signature, typed or printed name of registered agent and title if applicable.

P/DIRECTOR
(NOTE: Registered Agent signature required when reinstating)

04/23/03
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 <input checked="" type="checkbox"/>	V	<input type="checkbox"/> Delete
NAME	BENOIT, SOLIMON	
STREET ADDRESS	11633 NW 7 AVE STE 105	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE <input checked="" type="checkbox"/>	V	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, GREGORY	
STREET ADDRESS	11633 NW 7 AVE STE 105	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE <input checked="" type="checkbox"/>	SD	<input checked="" type="checkbox"/> Delete
NAME	PIERRE-BENOIT, CAROLE	
STREET ADDRESS	11633 NW 7 AVE STE 105	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE <input checked="" type="checkbox"/>	M	<input type="checkbox"/> Delete
NAME	PHILEMON, MICHEL	
STREET ADDRESS	850 NE 179 TERR	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE <input type="checkbox"/>		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE <input type="checkbox"/>		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <input checked="" type="checkbox"/>	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yollette Antoine	
STREET ADDRESS	3537 S.W. 175 AVE	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE <input checked="" type="checkbox"/>	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES SAINT-SURIN	
STREET ADDRESS	1305 NW 203 ST	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE <input checked="" type="checkbox"/>	MA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES LARSON	
STREET ADDRESS	6140 Bobby Jones Court	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE <input type="checkbox"/>	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIMMY SAINT-SURIN	
STREET ADDRESS	3537 S.W. 175 AVE	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE <input type="checkbox"/>	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISNA A. CHAPIESKY	
STREET ADDRESS	1255 NW 1 AVE	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE <input type="checkbox"/>	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIALY ANOZARD	
STREET ADDRESS	7199 NW 7 AVE	
CITY-ST-ZIP	MIAMI, FL 33150	

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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Yollette Antoine, PD 4/23/03 (786) 486-9172**
Date Daytime Phone #

CR2E034 (10/02)