

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


1042

FILED

05 MAY -6 PM 4:33

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P03000157260
1. Entity Name
ABEL CORTEZ CONSTRUCTION SERVICES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15048 George Boulevard
Suite, Apt. #, etc.

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

City & State
Clearwater, Florida

City & State

Zip
33760

Country
United States

REINSTATEMENT

4. FEI Number
20-0528750

Applied For
 Not Applicable

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

04-05

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1840 Southwest 22 Street, 4th Floor

City
Miami

FL Zip Code
33145

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 for **SPIEGEL & UTRERA, P.A.**

SIGNATURE By:  **Natalia Utrera, Vice President** **5/4/08** DATE

Signature, typed or printed name of the individual and title if applicable (NOTE: Registered Agent signature required when reinstating)


January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	Abel Cortez PSTD 15048 George Boulevard Clearwater, Florida 33760	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400054670774 05/17/05--01036--011 **300.00
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Abel Cortez, President** **4/30/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deplete Form #

