**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 20, 2002 8:00 am Secretary of State P92000009163 OCUMENT # & E CONSTRUCTION CO., INC. 02-20-2002 90074 022 \*\*\*158.75 Mailing Address incipal Place of Business 1716 N.W. 19 AVENUE 3716 N.W. 19 AVENUE DUUGUUGJ MIAMI FL 33142 MAMI FL 33142 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0369583 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARIAS, PEDRO Street Address (P.O. Box Number is Not Acceptable) 3716 N.W. 19 AVENUE **MIAMI FL 33142** City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ĪLE ☐ Delete TITLE ARIAS, PEDRO NAME MF. 3716 N.W. 19 AVENUE STREET ADDRESS REET ADDRESS MIAMI FL CITY-ST-ZIP TY-ST-7IP ☐ Change ☐ Addition TITLE İιε □ Delete (ME ARIAS, GLADYS NAME STREET ADDRESS 3716 N.W. 19 AVENUE REET ADDRESS CITY-ST-7IP TY-ST-ZIP Miami FL ☐ Addition Change ☐ Delete - -حيد د TITLE ARIAS. EUSEBIO NAME (ME STREET ADDRESS REET ADDRESS 3716 NW 19TH AVE CITY-ST-7IP TY-ST-ZIP MIMAI FL Change ☐ Addition ☐ Delete TITLE řιε NAME (ME REET ADDRESS STREET ADDRESS CITY-ST-ZIP TY-ST-ZIP ☐ Delete ☐ Change ☐ Addition 'nε ME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition iLE TITLE ☐ Delete ME NAME REET ADDRESS STREET ADDRESS TY-ST-7IP CITY-ST-ZIP 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

IGNATURE:

LONGNATURE AND TYPED OR DRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/03 309 Date Day

<u> 305-245-8/10</u>