

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000014699

1. Entity Name

INTRASTATE CONSTRUCTION CO. OF MIAMI, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90078 037 ***150.00

Principal Place of Business
6520 SW 16 TRR.
STE. 160
MIAMI FL 33155
US

Mailing Address
6520 SW 16 TRR.
STE. 160
MIAMI FL 33155
US

00000119



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number **65-0393810**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
RIJOS, PEDRO JR
6520 SW 16 TERR
WEST MIAMI FL 33155

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RIJOS, PEDRO JR	
STREET ADDRESS	3401 NW 3RD STREET	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RIJOS, ANNA A	
STREET ADDRESS	6520 SW 16 TERR	
CITY-ST-ZIP	W. MIAMIA FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RIJOS, ANNA A	
STREET ADDRESS	6520 S.W. 16 TERRACE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RIJOS, ANNA A	
STREET ADDRESS	6520 S.W. 16 TERRACE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6520 SW 16 Terr	
CITY-ST-ZIP	Mia, FL 33155	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pedro Rijos Jr.	
STREET ADDRESS	6520 SW 16 Terr	
CITY-ST-ZIP	Mia, FL 33155	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pedro Rijos Jr.	
STREET ADDRESS	6520 SW 16 Terr	
CITY-ST-ZIP	Mia, FL 33155	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pedro Rijos Jr.	
STREET ADDRESS	6520 SW 16 Terr	
CITY-ST-ZIP	Mia, FL 33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-00

Date

305-267-9711

Daytime Phone *

CR2E034 (9/99)