

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000014890

1. Entity Name

SPRINGS CONSTRUCTION CORP.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90025 001 ***150.00

03-28-2000 90025 002 *****8.75

Principal Place of Business

Mailing Address

2830 SW 32 AVE
MIAMI FL 33133
US

2830 SW 32 AVE
MIAMI FL 33133-3432
US

2. Principal Place of Business

3. Mailing Address

108 TRUXTON DRIVE

P.O. BOX 661305

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI SPRINGS, FL

City & State

MIAMI SPRINGS, FL

4. FEI Number

65-0455869

Applied For

Not Applicable

Zip

33166

Country

U.S.A.

Zip

33166

Country

U.S.A.

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

GONZALEZ, ROBERT
2830 SW 32 AVE
MIAMI FL 33133

Name
CARLOS GUEITS

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

108 TRUXTON DRIVE

City

MIAMI SPRINGS

FL

Zip Code

33166

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

Signature, typed or printed name of registered agent and the if applicable.

CARLOS GUEITS

03/21/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	GUEITS, CARLOS E	
STREET ADDRESS	108 TRUXTON DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GUEITS, ABEL R	
STREET ADDRESS	880 NE 80TH STREET	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, ROBERT	
STREET ADDRESS	2830 SW 32 AVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT/SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT/TREASURER	<input checked="" 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		
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

CARLOS GUEITS

03/21/00 (305) 889-3293

Date

Daytime Phone #

CR2E034 (9/99)