

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90148 030 \*\*\*150.00

02986560 AV

**DOCUMENT # P93000055225**

1. Entity Name  
**CARDIZ CONSTRUCTION CORP.**



Principal Place of Business  
**2941 SW 141 CT  
MIAMI FL 33175**

Mailing Address  
**2941 SW 141 CT  
SUITE 720  
MIAMI-FL 33175**



2. Principal Place of Business  
**2941 S.W 141 ct**

3. Mailing Address  
**2941 S.W 141 ct**

City & State  
**Miami FL**

City & State

4. FEI Number **65-0443822**

Applied For  
Not Applicable

Zip  
**33175**

Country  
**USA**

Zip  
**33175**

Country  
**USA**

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

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**CARBALLO, LILIAN M  
2941 SW 141 CT  
MIAMI FL 33175**

**7. Name and Address of New Registered Agent**

Name **Lilian Carballo**  
Street Address (P.O. Box Number is Not Acceptable)  
**2941 S.W 141 ct**  
City **FL** Zip Code **33175**

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.

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

(NOTE: Registered Agent signature required when reinstating)

**4-15-03**  
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	<b>DPS</b>	<input type="checkbox"/> Delete
NAME	<b>CARBALLO, PABLO V</b>	
STREET ADDRESS	<b>2941 SW 141ST CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	
TITLE	<b>DPS</b>	<input type="checkbox"/> Delete
NAME	<b>CARBALLO, LILIAN M</b>	
STREET ADDRESS	<b>2941 S.W. 141ST COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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		
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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		

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: **Lilian Carballo** **4-11-03** **(305) 223-6318**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)