

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90216 032 ***150.00

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

DOCUMENT # P93000059557			
1. Entity Name D.U.R.A. CONSTRUCTION AND DEVELOPMENT CORP.			
Principal Place of Business 5601 SW 99 AVE. MIAMI, FL 33173 US		Mailing Address 5601 SW 99 AVE. MIAMI, FL 33173 US	
2. Principal Place of Business 5601 SW 99 AVE. 9401 COUNCIL ROCK CT. RIVERVIEW, FL		3. Mailing Address 5601 SW 99 AVE. 9401 COUNCIL ROCK CT. RIVERVIEW, FL	
4. FEI Number 65-0434833		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ALFONSO, JESUS F 5601 SW 99 AVE. MIAMI, FL 33173		7. Name and Address of New Registered Agent Name: ALFONSO, JESUS F Street Address (P.O. Box Number is Not Acceptable): 9401 COUNCIL ROCK CT. City: RIVERVIEW FL Zip Code: 33569	
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: 		DATE: _____	
FILE NOW!!! FEE IS \$150.00 By 1/1/2003 Fee will be \$550.00 Make payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Delete NAME: ALFONSO, JESUS F STREET ADDRESS: 5601 SW 99 AVE. CITY-ST-ZIP: MIAMI, FL		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: ALFONSO, JESUS F STREET ADDRESS: 9401 COUNCIL ROCK CT. CITY-ST-ZIP: RIVERVIEW FL 33569	
TITLE: <input type="checkbox"/> Delete 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"/> Delete 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"/> Delete 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"/> Delete 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"/> Delete 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 another like empowered.			
SIGNATURE: 		813-741-3221	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____ Daytime Phone #	

CR2E034 (10/02)