

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000004924

1. Entity Name

RED CONSTRUCTION, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90088 038 ***150.00

Principal Place of Business

14285 SW 285TH TER
 LEISURE FL 33033

Mailing Address

P.O. BOX 4366
 PRINCETON FL 33092

2. Principal Place of Business

14300 SW 140 AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

PRINCETON, FL

City & State

4. FEI Number

65-0460135

Applied For

Not Applicable

Zip

Country

33032

USA

Zip

Country

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

MENDOZA, JOSE J
 24300 SW 140 AVE
 MIAMI FL 33032

Name

JOSE JAVIER MENDOZA

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

24300 SW 140 AVE

City

PRINCETON

FL

Zip Code

33032

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 title if applicable.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME VD
 STREET ADDRESS MENDOZA, JULIAN
 CITY-ST-ZIP 14285 SW 285TH TER
 MIAMI FL 33033

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME PSTD
 STREET ADDRESS MENDOZA, JOSE J
 CITY-ST-ZIP 24300 SW 140TH AVE
 MIAMI FL 33033

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (9/99)