

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90520 001 *1,050.00

DOCUMENT # P94000016478

1. Entity Name
GROUP II CONTRACTORS CORPORATION



Principal Place of Business
**10101 NW 58 ST.
#16
MIAMI FL 33178
US**

Mailing Address
**10101 NW 58 ST.
#16
MIAMI FL 33178
US**



2. Principal Place of Business

3. Mailing Address

10101 NW 58 St.

10181 NW 58 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit # 16

Unit # 16

City & State

City & State

Miami, FL

Miami, FL

Zip

33178

Country

USA

Zip

33178

Country

USA

4. FEI Number

65-0493857

Applied For

Not Applicable

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

**VALDERRAMA, CARLOS A
10101 NW 58 ST. #16
#16
MIAMI FL 33178**

Name

Carlos A. Valderrama

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

10181 NW 58 St.

Unit 16

City

Miami, FL

FL

Zip Code

33178

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/2003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **VALDERRAMA, CARLOS A**
STREET ADDRESS **10101 NW 58 ST. #16**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **PSD** ☒ Change ☐ Addition
NAME **Valderrama, Carlos A.**
STREET ADDRESS **10181 NW 58 St. Unit 16**
CITY-ST-ZIP **Miami, FL 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2003 305 554 0507

Date

Daytime Phone #

CR2E034 (10/02)