

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000017155

1. Entity Name

SOARES DA COSTA CONTRACTOR, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90113 041 \*\*\*150.00

Principal Place of Business

2601 S. BAYSHORE DR  
 STE 600  
 MIAMI FL 33133  
 US

Mailing Address

2601 S. BAYSHORE DR  
 STE 600  
 MIAMI FL 33133-5419  
 US

2. Principal Place of Business

1100 N.W. 72 AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

Country

33126 USA

Zip

Country

4. FEI Number

65-0488642

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

HKE&F REGISTERED AGENT CORP.  
 2601 S. BAYSHORE DR  
 STE 600  
 MIAMI FL 33133

Name

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

City

FL

Zip Code

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, type 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	DVP	<input checked="" type="checkbox"/> Delete
NAME	FAUSTINO, VICTOR S	
STREET ADDRESS	2601 S. BAYSHORE DR, #600	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DIAZ, ROLANDO	
STREET ADDRESS	2601 S. BAYSHORE DR, #600	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	S	<input type="checkbox"/> Delete
NAME	MELGAR, ANDREA	
STREET ADDRESS	2601 S. BAYSHORE DR, #600	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	VILLEGAS, RENE DIAZ DE	
STREET ADDRESS	2601 S. BAYSHORE DR, #600	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUTIERREZ, RAUL J.	
STREET ADDRESS	2 S. BISCAYNE BLVD., STE. 3400	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	EQUELS, THOMAS K	
STREET ADDRESS	2601 S. BAYSHORE DR, #600	
CITY-ST-ZIP	MIAMI FL 33133	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASCARO, EMILIO	
STREET ADDRESS	2601 S. BAYSHORE DR, STE 600	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRANDA ESTEVES, ANTONIO	
STREET ADDRESS	2601 S. BAYSHORE DR, STE. 600	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAUSTINO, LUIS MIGUEL	
STREET ADDRESS	2601 S. BAYSHORE DR, STE. 600	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBOSA, TIEL	
STREET ADDRESS	2601 S. BAYSHORE DR, STE. 600	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, JR., RAUL	
STREET ADDRESS	2 S. BISCAYNE BLVD, STE. 3400	
CITY-ST-ZIP	MIAMI, FL 33131	
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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Signature of Raul J. Gutierrez, Jr.*  
 President 4/27/00 (305) 592-9399

CR2E034 19/99