

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

015675

DOCUMENT # P94000017155

1. Entity Name

SOARES DA COSTA CONTRACTOR, INC.

04-30-2001 90008 020 ***158.75

Principal Place of Business 1100 NW 72 AVE MIAMI FL 33126 US	Mailing Address 2601 S. BAYSHORE DR STE 600 MIAMI FL 33133 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 1100 NW 72 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State MIAMI, FL
Zip	Country
33126	US

4. FEI Number 65-0488642	Applied For Not Applicable
5. Certificate of Status Desired Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
DEVINE GOODMAN PAULOT WELLS P.A.
 Street Address (P.O. Box Number is Not Acceptable)
777 BRICKELL AV.
 SUITE 980
 City MIAMI FL Zip Code 33131

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 *Joseph W Paulot* JOSEPH W PAULOT, VICE PRESIDENT April 24, 2001
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MASCARO, EMILIO <input checked="" type="checkbox"/> Delete 2601 S. BAYSHORE DR, #600 MIAMI FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MIRANDA ESTEVES, ANTONIO <input type="checkbox"/> Delete 2601 S. BAYSHORE DR, #600 MIAMI FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MELGAR, ANDREA <input type="checkbox"/> Delete 2601 S. BAYSHORE DR, #600 MIAMI FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT VILLEGAS, RENE DIAZ DE <input type="checkbox"/> Delete 2601 S. BAYSHORE DR, #600 MIAMI FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, RAUL JR <input type="checkbox"/> Delete 2 S. BISCAYNE BLVD., STE. 3400 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EQUELS, THOMAS K <input checked="" type="checkbox"/> Delete 2601 S. BAYSHORE DR, #600 MIAMI FL 33133

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D/S FERNANDO E. CARDAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1100 NW 72 AVE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D ANTONIO MIRANDA ESTEVES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1100 NW 72 AVE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ANDREA TRELLES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1100 NW 72 AVE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENE DIAZ DE VILLEGAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2601 S. BAYSHORE DR, #600 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARIANEL H. ARIAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1100 NW 72 AVE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C M. ALBINO RIBEIRO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1100 NW 72 AVE MIAMI, FL 33126

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: *Antonio Miranda Garces* ANTONIO MIRANDA GARCES 4/23/01 (205) 592-9399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)