

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000051124

1. Entity Name

RND CONSTRUCTION CORP.

Principal Place of Business

5842 SW 33RD ST.  
MIAMI FL 33155

Mailing Address

5842 SW 33RD ST.  
MIAMI FL 33155-4904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0505122

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

FERNANDEZ, DAVID  
5842 SW 33RD ST.  
MIAMI FL 33155

Name FERNANDEZ, DAVID

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

1015 VENETIA AVE.

City CORAL GABLES

FL

Zip Code 33134

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

David Fernandez

4/30/01

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 D  
NAME FERNANDEZ, DAVID  
STREET ADDRESS 5842 SW 33RD ST.  
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE D  
NAME FERNANDEZ, DAVID ☒ Change ☐ Addition  
STREET ADDRESS 1015 VENETIA AVE.  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D  
NAME FERNANDEZ, ROSE M  
STREET ADDRESS 5842 SW 33RD ST.  
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE D  
NAME FERNANDEZ, ROSE MARIE ☒ Change ☐ Addition  
STREET ADDRESS 1015 VENETIA AVE.  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

DAVID FERNANDEZ

Date

4/30/01

Daytime Phone #

385/  
441-0044

CR2E034 (9/99)