

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90115 012 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000053861
1. Entity Name
IBEX CONSTRUCTION, INC.

830789

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
IBEX CONSTRUCTION, INC.

3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
7116 SW 47 Street

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

4. FEI Number
65-0506965

Applied For
Not Applicable

Zip
33155

Country
USA

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CANDELA, HILARY

Street Address (P.O. Box Number is Not Acceptable)
7116 SW 47 Street

City
MIAMI

FL

Zip Code
33155

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 reappointing)

DATE

04-05-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	D CASTELLANOS, CARLOS M. 7116 SW 47 Street MIAMI FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CANDELA, HILARY J 7116 SW 47 Street MIAMI FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASTELLANOS, JORGE L 7116 SW 47 Street MIAMI FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 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 #

04-05-02 (305) 669 3881

CR2E034B (12/01)