

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000056807

1. Entity Name

FERRA CONSTRUCTION CORPORATION

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90309 028 \*\*\*158.75

Principal Place of Business

Mailing Address

8378 NN.W. 56TH ST  
SUITE B1204  
MIAMI FL 33166  
US

1541 BRICKELL AVENUE  
SUITE B1204  
MIAMI FL 33129-1213

2. Principal Place of Business

4765 West 8th Ave  
Suite, Apt. #, etc.  
Suite 400

3. Mailing Address

7500 Old Cutler Road  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Hialeah, FL.

City & State  
Coral Gables, FL. 33143

4. FEI Number 65-0508313

Applied For  
Not Applicable

Zip Country  
33012 USA

Zip Country  
33143 USA

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 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 RAVELO, BURI  
STREET ADDRESS 1541 BRICKELL AVE. STE. B1204  
CITY - ST - ZIP MIAMI FL ☐ Delete

TITLE  
NAME Ravelo, Buri  
STREET ADDRESS 7500 Old Cutler Rd  
CITY - ST - ZIP Coral Gables FL. 33143 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
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CITY - ST - ZIP ☐ Change ☐ Addition

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

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

Buri Ravelo

Date

March 16, 00 (305) 322-1791

Daytime Phone #

CR2E034 (9/99)