

2001 'UNIFORM BUSINESS REPORT (UBR)

0182519

DOCUMENT # P94000072973

1. Entity Name
AAM CONSTRUCTION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 PM 12:01

Principal Place of Business

**2300 CORAL WAY
SUITE #200
MIAMI FL 33145**

Mailing Address

**2300 CORAL WAY
SUITE #200
MIAMI FL 33145**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2300 Coral Way

Suite, Apt. #, etc.

Suite # 200

City & State

Miami, Florida

3. Mailing Address

2300 Coral Way

Suite, Apt. #, etc.

Suite # 200

City & State

Miami, Florida

4. FEI Number **65-0527548**

Applied For

Not Applicable

Zip
33145

Country
US

Zip
33145

Country
US

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

**FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
#200
MIAMI FL 33145**

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.

AMADA CANTERA LOPEZ, President

(NOTE: Registered Agent signature required when reinstating)

DATE **4/15/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete
NAME **ZAYAS, ABNER**
STREET ADDRESS **4050 NW 135 ST. APT. #1, BLDG. #9**
CITY-ST-ZIP **OPALOCKA FL 33054**

TITLE **PT** ☒ Change ☐ Addition
NAME **ZAYAS, ABNER**
STREET ADDRESS **40 W 61st Street**
CITY-ST-ZIP **Hialeah, FL 33012**

TITLE **AS** ☐ Delete
NAME **MARRERO, OSVALDO**
STREET ADDRESS **5751 NW 111 ST**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Change ☐ Addition
NAME **300004136123--6**
STREET ADDRESS **-05/04/01--01044--008**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE **S** ☐ Delete
NAME **ZAYAS, DELFIN**
STREET ADDRESS **2630 W 76ST STREET APT. 212**
CITY-ST-ZIP **HIALEAH FL 33016**

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
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STREET ADDRESS
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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

Date

Daytime Phone #

4/15/01

CR2E034 (10/00)