

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 19, 2000 8:00 am**  
**Secretary of State**

09-19-2000 90001 031 \*\*\*150.00

**DOCUMENT # P95000019549**

1. Entity Name:  
**JORGE O CALEVOSO CONTRACTORS, INC.**

*P*



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4098 NW 88 AVE 104 SUNRISE FL 33351 US	Mailing Address 4098 NW 88 AVE 104 SUNRISE FL 33351 US
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2. Principal Place of Business <b>379 LAKEVIEW DR</b> Suite, Apt. #, etc. <b>CORAL SPRINGS FL.</b> City & State <b>FL 33071</b> Zip	3. Mailing Address <b>379 LAKEVIEW DR</b> Suite, Apt. #, etc. <b>CORAL SPRINGS, FL.</b> City & State <b>33071</b> Zip <b>U.S.A.</b> Country
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4. FEI Number <b>65-0688220</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**CALEVOSO, JORGE O**  
**6855 ABBOT AVE.**  
**#404**  
**MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent  
 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>PD</b> <b>CALEVOSO, JORGE O</b> <b>6855 ABBOT AVE. #404</b> <b>MIAMI BEACH FL 33141</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PAGANO, ROSANA</b> <b>4098 NW 88 AVE., #104</b> <b>SUNRISE FL 33151</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>CALEVOSO ROSANA</b> <b>379 LAKEVIEW DR</b> <b>CORAL SPRINGS, FL 33071</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 RECORDED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9.12.00** Daytime Phone # **(305) 490-9915**

CR2E034 (5/00)

9/11/00

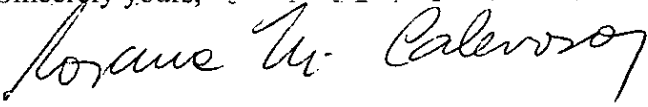
Attachment  
DH# P5000019549  
A0079569

Ref: 2000 Uniform Business Report (UBR)  
Document # P5000019549

To Whom It May Concern:

I do not feel I should have to pay this late charge as I have moved from previous address to my new address . I have just received this notice recently. Therefore, I hope you will consider eliminating this late charge.

Sincerely yours,



Rosana M. Calevoso  
Director

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