

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2000 8:00 am**  
**Secretary of State**

05-06-2000 90302 001 \*\*\*300.00

**DOCUMENT # P95000042708**

1. Entity Name

**MIAMI SKYLINE CONSTRUCTION CORP.**

Principal Place of Business

Mailing Address

3741 NE 163 ST  
 #173  
 N MIAMI BEACH FL 33160

3741 NE 163 ST  
 #173  
 N MIAMI BEACH FL 33160-4104

2. Principal Place of Business

3. Mailing Address

**705 NE 130<sup>TH</sup> STREET**  
 Suite, Apt. #, etc.

**705 NE 130<sup>TH</sup> STREET**  
 Suite, Apt. #, etc.

City & State

City & State

**NORTH MIAMI, FLORIDA**

**NORTH MIAMI, FLORIDA**

Zip  
**33161**

Country  
**USA**

Zip  
**33161**

Country  
**USA**

4. FEI Number

**65-0599009**

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

**RODRIGUEZ, CLAUDIO**  
**955 NE 98 ST**  
**MIAMI SHORES FL 33138**

Name ~~RODRIGUEZ, CLAUDIO~~  
 Street Address (P.O. Box Number is Not Acceptable)  
**705 NE 130<sup>TH</sup> STREET**  
 City **NORTH MIAMI, FL** Zip Code **33161**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<b>P</b>			<input checked="" type="checkbox"/>
	<b>RODRIGUEZ, CLAUDIO</b>	<b>955 NE 98 ST</b>	<b>MIAMI SHORES FL 33138</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>P</b>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>RODRIGUEZ, CLAUDIO</b>	<b>705 NE 130<sup>TH</sup> STREET</b>	<b>NORTH MIAMI, FL 33161</b>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 another like empowered.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04-20-00** Daytime Phone # **(305) 899-9696**

CR2E034 (9/99)