

2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # PA160000000145

1. Entity Name

SOUTH DADE INT. CONTRACTORS, CORP.

FILED

00 OCT 30 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

13605 S. Dixie Highway, Suite 142
Miami, Florida 33176

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13605 S. Dixie Highway

3. Mailing Address

13605 S. Dixie Highway

Suite, Apt. #, etc.

142

Suite, Apt. #, etc.

142

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0635077

Applied For

Not Applicable

Zip

33176

Country

Miami-Dade

Zip

33176

Country

Miami-Dade

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

Agustin Perez Remains the same
13605 S. Dixie Highway
Suite 142
Miami, Florida 33176

Name Agustin Perez

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

13605 S. Dixie Highway

Suite 142

City

Miami

FL

Zip Code

33176

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

AGUSTIN PEREZ

(NOTE: Registered Agent signature required when reinstating)

September 5, 2000

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 Edelia Michelena ☒ Delete
STREET ADDRESS 217 E. 43 Street
CITY-ST-ZIP Hialeah, FL 33012

TITLE
NAME Agustin Perez ☐ Change ☒ Addition
STREET ADDRESS 9320 S.W. 57 Avenue
CITY-ST-ZIP Miami, Florida 33156 as P,D,T

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 000003472930-1
CITY-ST-ZIP -11/21/00-01079-007
*****61.25 *****61.25

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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

September 5, 2000 (305) 256-4420

Date

Daytime Phone #

CR2E034 (9/99)