

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019701

1. Entity Name

DALECOM CONSTRUCTION INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90025 007 ***150.00

Principal Place of Business

8306 MILLS DR
SUITE 180
MIAMI FL 33183

Mailing Address

8306 MILLS DR
SUITE 180
MIAMI FL 33183-4838

2. Principal Place of Business

~~9745~~ 9745 SUNSET DRIVE
Suite, Apt. #, etc.
211

3. Mailing Address

9745 SUNSET DRIVE
Suite, Apt. #, etc.
211



DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL 33173

City & State
MIAMI, FL 33173

4. FEI Number 65-0739044

Applied For
Not Applicable

Zip 33173 Country USA

Zip 33173 Country 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

CUESTA, MICHAEL M
11969 SW 92 STREET
MIAMI FL 33186

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 VP
NAME CUESTA, WILLIAM C
STREET ADDRESS 11969 SW 92 STREET
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

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

TITLE P
NAME CUESTA, MICHAEL M
STREET ADDRESS 13931 SW 26TH TERR
CITY-ST-ZIP MIAMI FL 33175 ☐ Delete

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

TITLE S
NAME CUESTA, GEORGE L
STREET ADDRESS 11969 SW 92ND ST
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-00

Date

305-270-3731

Daytime Phone #

CR2E034 (9/99)