2002 Uniform Business Report (UBR)

SIGNATURE

Mar 13, 2002 8:00 am P96000044086 DOCUMENT # **Secretary of State** 1. Entity Name CAPITAL CONSTRUCTION OF SOUTH FLORIDA INC. 03-13-2002 90124 001 ***150.00 Mailing Address Principal Place of Business 1485 W. 5TH CT. 1485 W. 5TH CT. HIALEAH FL 33010 HIALEAH FL 33010 3. Mailing Address 2. Principal Place of Business SW 130th TR 5361 5361 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0675423 PL Not Applicable URMAR 1RUMAL Country Zip \$8.75 Additional \Box 5. Certificate of Status Desired BrowMD 33<u>0</u> Browm 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIGUEZ, VICENTE Street Address (P.O. Box Number is Not Acceptable) 1485 W. 5TH CT. HIALEAH FL 33010 Zip Code City 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. DATÉ (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. SECRETAR CR2E034 (9/01) ☐ Addition TITLE TITLE 3 X Delete DIANA LOPEZ 5361 SW 130 MTK RODRIGUEZ, ANA A NAME NAME _ STREET ADDRESS 1485 WEST 5TH CT STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 3302 CITY-ST-ZIP HIALEAH FL 33010 Change ☐ Addition □ Delete TITLE Presiden TITLE VILLETTE RODRIM NAME NAME RODRIGUEZ, VICENTE 361 SW 130th TR, STREET ADDRESS STREET ADDRESS 1485 WEST 5TH CT CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 Change ☐ Addition ☐ Delete TITLE TITLE NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STRFET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED