

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90016 039 ***150.00

02900324 AV

DOCUMENT # P96000054253

1. Entity Name
3-R CONSTRUCTION CORP.

Principal Place of Business

Mailing Address

~~300 N. MIAMI BLVD~~~~300 N. MIAMI BLVD~~

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~~MIAMI BEACH FL 33138~~~~MIAMI BEACH FL 33138~~

US

US

2. Principal Place of Business

3. Mailing Address

1700 N.E. 105 St.

1700 N.E. 105 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt-512

Apt-512

City & State

City & State

MIAMI SHORES FL

MIAMI SHORES FL

Zip

Country

Zip

Country

33138

DADE

33138

DO NOT WRITE IN THIS SPACE



4. FEI Number 65-0688045

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, JORGE

Name JORGE RODRIGUEZ

~~1700 NE 105 ST APT-512~~
~~MIAMI SHORES FL~~
~~33138~~

 Street Address (P.O. Box Number is Not Acceptable)
 1700 N.E. 105 STREET
 APT-512

City MIAMI SHORES FL Zip Code 33138

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]*

(NOTE: Registered Agent signature required when reinstating)

02-26-02.

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, 2002 Fee will be \$550.00

Make Check Payable to Department of State

 10. Election Campaign Financing ☐ \$5.00 May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE P
 NAME RODRIGUEZ, JORGE ☐ Delete
 STREET ADDRESS 1700 NE 105 ST APT 512
 CITY-ST-ZIP MIAMI FL 33138

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

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition
 NAME
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 TITLE ☐ Delete
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 TITLE ☐ Change ☐ Addition
 NAME
 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-26-02 305-891-9865

Date

Daytime Phone #

CP2E034 (9/01)