

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90382 035 ***150.00

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DOCUMENT # P96000089995

1. Entity Name
CONSTRUCTION & INSPECTION CONSULTANTS, INC.



Principal Place of Business
~~1645 NW 8TH STREET~~
MIAMI FL

Mailing Address
P.O. BOX 350848
MIAMI FL 33135
US



2. Principal Place of Business
614 NW 11 ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

4. FEI Number **65-0705064**

Applied For
Not Applicable

Zip
33136

Country
US

Zip

Country

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

URRUTIA, JORGE
~~**1645 NW 8TH STREET**~~
MIAMI FL

Name
Street Address (P.O. Box Number is Not Acceptable)
614 NW 11 ST.
City **MIAMI** FL Zip Code **33136**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jorge Urrutia, President*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **URRUTIA, JORGE**
STREET ADDRESS ~~**1645 NW 8TH STREET**~~
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **614 NW 11 ST.**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jorge Urrutia* **SIGNATURE REQUIRED** **4/29/03** Date **305 541-2544** Daytime Phone #

CR2E034 (10/02)