

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008082

1. Entity Name

ELITE BULLDOZING & CONSTRUCTION, INC.

**FILED**  
**Mar 16, 2000 8:00 am**  
**Secretary of State**

03-16-2000 90085 035 \*\*\*150.00

Principal Place of Business

15720 SW 252ND ST  
MIAMI FL 33031

Mailing Address

15720 SW 252ND ST  
MIAMI FL 33031-2038

2. Principal Place of Business

303 N. Krome Ave.

3. Mailing Address

303 N. Krome Ave.

Suite, Apt. #, etc.

Suite 101A

Suite, Apt. #, etc.

Suite 101A

City & State

Homestead, FL

City & State

Homestead, FL

Zip

33030

Country

USA

Zip

33030

Country

USA

4. FEI Number

65-0729952

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ANTONIO D  
15720 SW 252ND ST  
MIAMI FL 33031

7. Name and Address of New Registered Agent

Name

Antonio D Gonzalez

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

303 N. Krome Ave.

Suite 101A

City

Homestead

FL

Zip Code

33030

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GONZALEZ, ANTONIO D  
CITY-ST-ZIP 9705 S.W. 214TH TERRACE  
MIAMI FL 33189

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS Gonzalez, Antonio D  
CITY-ST-ZIP 303 N. Krome Ave.  
Suite 101A Homestead, FL 33030

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00 1-800-603-0611

Date

Daytime Phone #

CR2E034 (9/99)