

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90233 009 \*\*\*150.00

DOCUMENT # **P97000000 8082**

1. Entity Name  
**Elite Bulldozing + Construction, Inc.**

Principal Place of Business

Mailing Address

**552742**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**303 N Krome Ave**

Suite, Apt. #, etc.

3. Mailing Address

**PO Box 901198**

Suite, Apt. #, etc.

City & State

**Homestead, FL**

City & State

**Homestead, FL**

4. FEE Number

**65-0729952**

Applied For

Not Applicable

Zip

**33030**

Country

**USA**

Zip

**33030**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**Antonio D Gonzalez**  
**303 N Krome Ave**  
**Suite 101 A**  
**Homestead, FL 33030**

7. Name and Address of New Registered Agent

Name

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

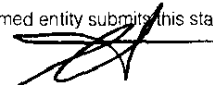
City

**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

**4/26/01**

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, 2001 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Antonio Duque Gonzalez** ☐ Delete **D**  
**303 N Krome Ave, Suite 101A**  
**Homestead, FL 33030**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D** ☒ Change ☐ Addition  
**Antonio D Gonzalez**  
**PO Box 901198**  
**Homestead, FL 33030**

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

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/01**

Date

Daytime Phone #

CR2E034 (11/00)