

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90297 031 \*\*\*150.00

**DOCUMENT # P97000009697**

1. Entity Name

**ALBERT FLORES CONSTRUCTION, INC.**

Principal Place of Business

**4205 WINBROOK LANE  
 ORLANDO FL 32817  
 US**

Mailing Address

**4205 WINBROOK LANE  
 ORLANDO FL 32817  
 US**

2. Principal Place of Business

**918 W. AMELIA ST**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. BOX 934**

Suite, Apt. #, etc.

City & State

**ORLANDO, FL**

City & State

**ORLANDO, FL**

4. FEI Number

**59-3436235**

Applied For

Not Applicable

Zip

**32803**

Country

**ORANGE**

Zip

**32803**

Country

**ORANGE**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GUSTINO, JAMES A**

**2180 PARK AVENUE NORTH**

**SUITE 324**

**WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name **ALBERT FLORES**

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

**1932 POINSETTA LN.**

City

**MAITLAND**

**FL**

Zip Code

**32751**

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]* **ALBERT FLORES**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/30/02**

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 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FLORES, ALBERT</b>	
STREET ADDRESS	<b>4205 WINBROOK LANE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32817</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FLORES, MICHELLE</b>	
STREET ADDRESS	<b>4205 WINBROOK LANE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32817</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLORES, ALBERT</b>	
STREET ADDRESS	<b>1932 POINSETTA LN</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32751</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **ALBERT FLORES**

Date

Daytime Phone #

**4/30/02 (407) 758-7039**

CR2E034 (9/01)