

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013158

1. Entity Name

UTOPIA CONSTRUCTION GROUP, INC.

FILED

00 MAY -2 PM 2:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

12243 SW 129 CT
MIAMI FL 33186

12243 SW 129 CT
MIAMI FL 33196-1022

2. Principal Place of Business

3. Mailing Address

9415 S.W. 166 COURT

9415 S.W. 166 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33196

Country

Dade

Zip

33196

Country

Dade

4. FEI Number

65-0734587

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

PADRON, WILFREDO R

12243 SW 129 CT
MIAMI FL 33186

Change of Address only →

Name

Padron, Wilfredo R.

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

9415 S.W. 166 COURT

City

Miami

FL

Zip Code

33196

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME PADRON, WILFREDO R
STREET ADDRESS 10050 E CALUSA CLUB DR
CITY-ST-ZIP MIAMI FL 33186

TITLE President + Treasurer/Direc. ☒ Change ☐ Addition
NAME Padron, Wilfredo R.
STREET ADDRESS 9415 S.W. 166 COURT
CITY-ST-ZIP Miami, FL 33196

TITLE ~~SVT~~ ☒ Delete
NAME ~~DESOSA, JUAN E~~
STREET ADDRESS ~~21406 SW 94 PL~~
CITY-ST-ZIP ~~MIAMI FL 33189~~

TITLE ☐ Change ☐ Addition
NAME 600003246176-0
STREET ADDRESS -05/10/00--01016--014
CITY-ST-ZIP ****150.00 ****150.00

TITLE S ☒ Delete
NAME PADRON, MARITZA
STREET ADDRESS 10050 E CALUSA CLUB DR
CITY-ST-ZIP MIAMI FL 33186

TITLE V.P. + Secretary ☒ Change ☐ Addition
NAME Padron, Maritza
STREET ADDRESS 9415 S.W. 166 COURT
CITY-ST-ZIP Miami, FL 33196

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

Maritza Padron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

305-386-2770

Daytime Phone #

CR2E034 (9/99)