## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** May 12, 2002 8:00 am Secretary of State P97000013521 DOCUMENT # 1. Entity Name D J P CONTRACTORS, INC. 05-12-2002 90663 010 \*\*\*150.00 Principal Place of Business Mailing Address 6811 S.W. 2ND STREET 6811 S.W. 2ND STREET MIAMI FL 33144 MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0734735 Not Applicable Zip Country Zip Country \$8.75 Additional \_\_\_\_ 5.- Certificate of Status Desired = 🗻 🖃 🛶 -ುರ≎ ಆ ಅ ~ ಅಲ್ಲಾ ಎ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PALOMINO, CARLOS Street Address (P.O. Box Number is Not Acceptable) **6811 S.W. 2ND STREET MIAMI FL 33144** Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, 9-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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change PALOMINO, CARLOS ☐ Addition CR2E034 (9/01 NAME NAME STREET ADDRESS 6811 S.W. 2ND STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33144 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change [ ] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with his filling 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 of the receiver of trusteer mpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if