

**2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **P917000041215**

1. Entity Name

**H.O.N. Construction INC.****FILED**  
**Jun 27, 2001 8:00 am**  
**Secretary of State**

06-27-2001 90007 019 \*\*\*150.00

Principal Place of Business

Mailing Address

**16186 SW 86 TRR.****MIAMI FL 33193**

2. Principal Place of Business

**16186 SW 86 TRR.**

Suite, Apt. #, etc.

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

**MIAMI FL**

City &amp; State

4. FEI Number

**65-0742229**

Applied For

Not Applicable

Zip

**33193**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DENIS A. LOPEZ**  
**16186 S.W. 86 TERRACE.**  
**MIAMI, FL 33193**

7. Name and Address of New Registered Agent

Name **SAMY VERAMENDI**  
Street Address (P.O. Box Number is Not Acceptable)**16186 SW 86 TRR.**City **MIAMI****FL**Zip Code **33193**

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

**Samy Veramendi**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**06-01-01**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 **PRESIDENT** ☐ Delete  
NAME **DENIS LOPEZ**  
STREET ADDRESS **16186 S.W. 86 TERR MIAMI, FL 33193**  
CITY-ST-ZIPTITLE **VICE-PRESIDENT** ☐ Delete  
NAME **MARVIN LOPEZ**  
STREET ADDRESS **SAME**  
CITY-ST-ZIPTITLE **TREASURER** ☐ Delete  
NAME **SEOVANY LOPEZ**  
STREET ADDRESS **SAME**  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**06/02/001 (305) 345-5743**

Date

Daytime Phone #

CR2E034 (11/00)