

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90087 038 ***150.00

DOCUMENT # **P97000047504**

1. Entity Name

CONSTRUCTORA NORTH AMERICA INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4347 GREEKside BLVD

3. Mailing Address

4347 GREEKside BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE FLORIDA

City & State

KISSIMMEE FLORIDA

Zip

34746

Country

U.S.A

Zip

34746

Country

U.S.A

4. FEI Number

59-3448011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MARIA E MARTINEZ

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

4347 GREEKside BLVD

City

KISSIMMEE

FL

Zip Code

34746

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]

(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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **PD**
NAME **MARTINEZ, SARA**
STREET ADDRESS **4347 GREEKside BLVD**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **V.P.D**
NAME **MARTINEZ, VANESSA F.**
STREET ADDRESS **4347 GREEKside BLVD**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **STO**
NAME **MARTINEZ, MARIA. E.**
STREET ADDRESS **4347 GREEKside BLVD**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]

407-397-4265

4/30/02