

2000 UNIFORM BUSINESS REPORT (UBR)

1062

DOCUMENT # P97000064011

1. Entry Name

AMIGO'S CONTRACTING, INC.

FILED

00 JUL -6 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1640 Greentea Drive
Clearwater, FL 33755

Mailing Address
P.O. Box 918
Elfers, FL 34680

2. Principal Place of Business
1640 Greenlea Drive
Suite, Apt. #, etc.

3. Mailing Address
1640 Greenlea Drive
Suite, Apt. #, etc.

City & State
Clearwater, Florida

City & State
Clearwater, Florida

Zip
33755

Country

99-00 UBR

DO NOT WRITE IN THESE SPACES

4. FEI Number
59-3458992

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
AMERILAWYER CHARTERED
343 Almeria Avenue
Coral Gables, FL 33134

7. Name and Address of New Registered Agent
Name
SPIEGEL & UTRERA, P.A.
Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Avenue
City
Coral Gables FL Zip Code
33134

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE By:

Natalia Utrera, Vice President

(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

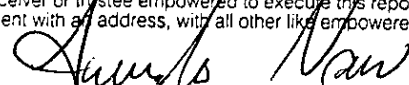
11. OFFICERS AND DIRECTORS

| | | |
|---|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | PSTD Nava, Fernando 1640 Greentea Drive Clearwater, Florida 33755 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|---|--|--|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | PSTD Nava, Fernando 1640 Greenlea Drive Clearwater, Florida 33755 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | 300003321655 -07/13/00--01012--006 ****300.00 ****300.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  Fernando Nava President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/8/00