

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073609

1. Entity Name

ALL AMERICAN CONSTRUCTION INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90086 048 ***150.00

Principal Place of Business

20155 SW 89 CT
MIAMI FL 33189

Mailing Address

POST OFFICE BOX 655152
MIAMI FL 33265-5152

2. Principal Place of Business

9000 SW 202 TR Miami

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33189

Country

US

Country

4. FEI Number

65-0776902

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, VICTOR XAVIER
20155 SW 89 CT
MIAMI FL 33189

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE PVST
NAME HERNANDEZ, VICTOR XAVIER
STREET ADDRESS 20155 SW 89 CT
CITY-ST-ZIP MIAMI FL 33189 ☐ Delete

TITLE D
NAME GOMEZ, JEFFRIN ADRIAN
STREET ADDRESS 3463 SW 113TH COURT
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

TITLE D
NAME ROSALES, RAMON ALFONSO
STREET ADDRESS 9810 MARLIN RD
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-00 305-234-4333

CR2E034 (9/99)