

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080647 - AMENDED

1. Entity Name **B & A Construction Service Group, Inc.**  
**PROFIT**

Principal Place of Business Mailing Address  
**12380 SW 130 Street** **12380 SW 130<sup>th</sup> Street**  
**Miami, FL 33186** **Miami, FL 33186**

2. Principal Place of Business 3. Mailing Address  
**12380 SW 130<sup>th</sup> St.** **12380 SW 130<sup>th</sup> Street**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Miami, Florida** **Miami, Florida**  
Zip Country Zip Country  
**33186** **USA.** **33186** **U.S.A.**

4. FEI Number **65-0782822** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**Guardia, Teresita C.**  
**12380 S.W. 130<sup>th</sup> Street**  
**Miami, FL 33186**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**\*\*\*\*\*61.25 \*\*\*\*\*61.25**  
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 reinstalling)

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 ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Guardia, Teresita C.</b> <b>12380 SW 130<sup>th</sup> St.</b> <b>Miami, FL 33186</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Guardia, Teresita C.</b> <b>12380 S.W. 130<sup>th</sup> St.</b> <b>Miami, FL 33186</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Torres, Mario</b> <b>12380 S.W. 130<sup>th</sup> Street</b> <b>Miami, FL 33186</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b>	<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 *Teresita C. Guardia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/00 (305)254-9826  
Date Daytime Phone #

CR2E034 (9/99)

FILED

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SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE