

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000095120**

1. Entity Name

ENVIROTECH CONTRACTING OF MIAMI, INC.**FILED****Mar 10, 2000 8:00 am**
Secretary of State

03-10-2000 90025 020 ***158.75

Principal Place of Business

4913 SW 75 AVE
MIAMI FL 33155

Mailing Address

4913 SW 75 AVE
MIAMI FL 33134-6732

2. Principal Place of Business

5951 S.W. 46TH STREET

Suite, Apt. #, etc.

3. Mailing Address

5951 S.W. 46TH STREET

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDACity & State
MIAMI, FLORIDAZip
33155Country
DADEZip
33155Country
DADE4. FEI Number
65-0890650Applied For
Not Applicable5. Certificate of Status Desired **XX** **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

PALOMARES, LORENZO
4829 SW 75 AVE
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name
PALOMARES, LORENZO J.

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

255 UNIVERSITY DRIVECity
CORAL GABLES, FL Zip Code
33134

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) **XX****FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALOMARES, LORENZO J 4913 SW 75 AVE MIAMI FL 33155	<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
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	255 UNIVERSITY DRIVE CORAL GABLES, FLORIDA 33134	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LORENZO J. PALOMARES

03-07-00

Date

(305) 926-1110

Daytime Phone #