

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90096 025 \*\*\*150.00

**DOCUMENT # P97000098154**

1. Entity Name  
**HI-LITE CONSTRUCTION COMPANY**

Principal Place of Business  
**29814 SOUTHWEST 158 CT.  
 HOMESTEAD FL 33033**

Mailing Address  
**29814 SOUTHWEST 158 CT.  
 HOMESTEAD FL 33033**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3416 Winifred Row Ln**  
 Suite, (Apt) #, etc.  
**# 3204**

3. Mailing Address  
**3416 Winifred Row Ln**  
 Suite, (Apt) #, etc.  
**# 3204**

City & State  
**Naples FLA**  
 Zip  
**34116**  
 Country  
**USA**

City & State  
**Naples FLA**  
 Zip  
**34116**  
 Country  
**USA**

4. FEI Number **NOT APPLICABLE**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ALFARO, JAVIER**  
**29814 SOUTHWEST 158 CT.**  
**HOMESTEAD FL 33033**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>ALFARO, JAVIER</b><br><b>29814 S.W. 158TH COURT</b><br><b>HOMESTEAD FL 33032</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>CYPRESS, ROY JR</b><br><b>9870 BAHAMA DRIVE</b><br><b>MIAMI FL 33189</b> <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-02  
 Date  
 941-352-2264-H  
 (786) 251-2180-ccH  
 Daytime Phone #

CR2E034 (9/01)