## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # P98000010185 Apr 07, 2000 8:00 am Secretary of State MIKE GOMEZ CONSTRUCTION CONSULTING, INC. 04-07-2000 90076 002 \*\*\*150.00 Mailing Address Principal Place of Business 1731 S.W. 98TH AVENUE 10040 SW 38TH STREET MIAMI FL 33165-7648 MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address 1731 S.W. 98th Avenue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0861584 Not Applicable Miami, Fl. \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 33165=7648 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JESUS M. G<u>OMEZ</u> GOMEZ, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 1731 S.W. 98th AVENUE 10040 S.W. 33RD STREET **MIAMI FL 33165** City <sup>Z</sup>93165-7648 FL MIAMI II 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. 03/24/2000 <u>Michael A. Gomez</u> SIGNATURE Registered Agent signature required when reinstating) ited name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **X** Addition TITI F Delete TITLE GOMEZ, MICHAEL A NAME NAME GOMEZ, JESUS M. STREET ADDRESS 10040 SW 33RD STREET STREET ADDRESS 1731 S.W. 98th AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** MIAMI, FLORIDA 33165 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change - Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 eath; that I am an efficient or director of the corporation or the receiver or trustee empowered to exedute 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 Jesus M. Gomez

Daytime Phone #