

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040467

1. Entity Name R & L CONSTRUCTION, ICN.

C/O: ROMAN LOZANO

Principal Place of Business

Mailing Address

795 WEST 74th Place
HIALEAH, FLORIDA 33014

FILED

00 MAR 15 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

795 W. 74th Place

Suite, Apt. #, etc.

3. Mailing Address

795 W. 74th Place

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HIALEAH, FL 33014

City & State
HIALEAH, FL 33014

4. FEI Number
65-0834826

Applied For
Not Applicable

Zip
33014

Country
DADE

Zip
33014

Country
DADE

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

6. Name and Address of Current Registered Agent

ROMAN LOZANO
795 WEST 74th Place
HIALEAH, FLORIDA 33014

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ROMAN LOZANO
795 W. 74th Place
Hialeah, FL 33014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200003180682--9
-03/22/00--01103--009
****150.00

TITLE
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☐ 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.

ROMAN LOZANO

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

3'9'00

Date

Daytime Phone #

CR2E034 (9/99)