

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90834 003 \*\*\*150.00

0420949 AV

**DOCUMENT # P98000072774**

1. Entity Name

H.P. ALLEN CONSTRUCTORS, INC.

Principal Place of Business

351 E. SLIGH AVE.  
TAMPA FL 33604

Mailing Address

351 E. SLIGH AVE.  
TAMPA FL 33604

2. Principal Place of Business

5216 Carrollwood Meadows  
Suite, Apt. #, etc.

3. Mailing Address

5216 Carrollwood Meadows  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA FL

City & State

TAMPA, FL

4. FEI Number

59-3528908

Applied For

Not Applicable

Zip

33625

Country

Hillsboro

Zip

33625

Country

Hillsboro

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PINERO, HARRY ALLEN  
351 E. SLIGH AVE.  
TAMPA FL 33604

7. Name and Address of New Registered Agent

Name

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

5216 Carrollwood Meadows

City

TAMPA, FL

FL

Zip Code

33625

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

*Harry Allen Piner*

3-19-02

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, 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	D	<input type="checkbox"/> Delete
NAME	PINERO, HARRY ALLEN	
STREET ADDRESS	351 E. SLIGH AVE.	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRY ALLEN PINERO	
STREET ADDRESS	5216 Carrollwood Meadows	
CITY-ST-ZIP	TAMPA, FL 33625	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARIO MIRANDA	
STREET ADDRESS	5216 CARROLLWOOD MEADOWS	
CITY-ST-ZIP	TAMPA, FL 33625	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALENIE F. PINERO	
STREET ADDRESS	5216 CARROLLWOOD MEADOWS	
CITY-ST-ZIP	TAMPA, FL 33625	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*Harry Allen Piner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-02

Date

813-765-4994

Daytime Phone #

CR2E034 (9/01)