2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000082957 **DOCUMENT #**

1. Entity Name

ALL GO CONSTRUCTION OF SOUTH FLORIDA, INC.



FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90223 016 ***150.00

						SO WE TO					
Principal Place of Business 11420 SW 93RD COURT MIAMI FL 33176			Mailing Address 11420 SW 93RD COURT MIAMI FL 33176								
2. Principal Pla	ace of Busine	SS	3. Mailing Address					-)			
Suite, Apt. #	etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State				4. FI	65-0870306		olied For Applicable	
Zip Country		Zip	Zip Country		•		5. Certificate of Status Desired Fee		8.75 Additional ee Required		
	6 Name a	and Address of Currer	t Registered	Agent			7.₋N	ame and Address of New Register	red-Agent	==	
	O. Hame					Name					
GARCIA, JO				Street Addres			ss (P.O. Bo	s (P.O. Box Number is Not Acceptable)			
11420 SW	93RD COU	RT									
MIAMI FL 3	33176		-			City		-	Zip Code	e	
		•				'				and account	
8. The above the obligation	named entity ons of registe	submits this statement ered agent.	for the purpo	ose of changing its	s register	ed office or regi	stered age	ent, or both, in the State of Florida. I	am tamillar wilin,	and accept	
SIGNATURE _	Signature, typed o	or printed name of registered age	ent and title if appl	icable. (NO	TE: Registere	ad Agent signature req	uired when re	instating) D	ATE		
After	May 1, 200	FEE IS \$150.00 3 Fee will be \$550.0 Florida Department	0 of State					Election Campaign Financing Trust Fund Contribution.	Added	May Be to Fees	
10.		OFFICERS AN		RS	11.		AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
	PSTD	071102707		☐ Delete	TITI	E			☐ Change	☐ Addition	
	GARCIA, J	nge i			NAM	ΜE					
NAME expect appress		93RD COURT			STR	EET ADDRESS					
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CITY-ST-ZIP	<u> </u>				for the ex	vamption stated	in Section	119 07(3)(i), Florida Statutes, I furth	ner certify that the	information	

12. 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 of trusted expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: