

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083641

1. Entity Name

CONSTRUCTION ART INTERNATIONAL, INC.

FILED

Apr 18, 2000 8:00 am  
Secretary of State

04-18-2000 90057 004 \*\*\*150.00

Principal Place of Business

Mailing Address

ALBORNOZ, SEGREDO & WEISZ  
901 PONCE DE LEON BLVD. STE 601  
CORAL GABLES FL 33134

ALBORNOZ, SEGREDO & WEISZ  
901 PONCE DE LEON BLVD. STE 601  
CORAL GABLES FL 33134-3073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0957807

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALBORNOZ, WILLIAM H ESQ  
ALBORNOZ, SEGREDO & WEISZ  
901 PONCE DE LEON BLVD, STE 601  
CORAL GABLES FL 33134

Name

ARTURO Jordan, CPA

Street Address (PO Box Number is Not Acceptable)

999 Ponce de Leon Blvd #715

City

Coral Gables

FL

Zip Code  
33134

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)

4/11/00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME AREVALO, JORGE  
STREET ADDRESS C/O 901 PONCE DE LEON BLVD, STE 601  
CITY-ST-ZIP CORAL GABLES FL 33134

☐ Delete

TITLE  
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TITLE D  
NAME AREVALO, JORGE  
STREET ADDRESS C/O 999 Ponce de Leon Blvd. #715  
CITY-ST-ZIP CORAL GABLES, FL. 33134.

☒ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)