2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097563

FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90157 036 ***150.00

C0093176

DO NOT WRITE IN THIS SPACE

1. Entity Name
E. V. AND SONS CONSTRUCTION, INC

Principal Place of Business | Mailing Address
POST OFFICE BOX 610247
NORTH MIAMI, FL 33261

2. Principal Place of Business	3. Mailing Address
	11205 NW 61 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: HIALEAH, FL
Zip / Country	Zip: 33012 / Country

4. FEI Number: 65-0807715 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VALLADARES, ERNESTO
1882 S.W. 9 STREET
MIAMI, FL 33135

7. Name and Address of New Registered Agent

Name: VALLADARES, NELSON
Street Address (P.O. Box Number is Not Acceptable): 11205 NW 61 AVE
City: HIALEAH, FL Zip Code: 33012

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: Nelson Valladares NELSON VALLADARES / SECRETARY 4/28/00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VALLADARES, ERNESTO		NAME		
STREET ADDRESS	1882 SW 9 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33135		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VALLADARES, NELSON		NAME		
STREET ADDRESS	11205 NW 61 AVE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Nelson Valladares NELSON VALLADARES 4/28/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date