

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 13, 2001 08:00 AM****Secretary of State****DOCUMENT # P98000107159**1. Entity Name  
**CONSTRUCTION CAPITAL MANAGEMENT CORP.**

Principal Place of Business

8601 S.W. 129 TERR.

MIAMI  
33166

FL

Mailing Address

8601 S.W. 129 TERR.

MIAMI  
33166

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0909016**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STELLA DWECK LUZ  
8601 S.W. 129 TERR.MIAMI  
33166

FL

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 \_\_\_\_\_ **07/13/2001**

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, 2001 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 PSD ☐ Delete  
NAME STELLA DWECK LUZ  
STREET ADDRESS 8601 S.W. 129 TERR.  
CITY-ST-ZIP MIAMI FL 33166TITLE PSD ☒ Change ☐ Addition  
NAME STELLA DWECK LUZ  
STREET ADDRESS 8601 S.W. 129 TERR.  
CITY-ST-ZIP MIAMI FL 33156TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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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:** Luz Stella Dweck

MS

07/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)