

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P99000001682

1. Entity Name

CONSTRUCTORA MI CASA, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

03-07-2000 90051 033 ***150.00

Principal Place of Business

2724 SW 137TH AVENUE
MIAMI FL 33174

Mailing Address

2724 SW 137TH AVENUE
MIAMI FL 33175-6324

2. Principal Place of Business

5701 SW 137 AVE.

3. Mailing Address

5701 SW 137 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number

65-0899495

Applied For

Not Applicable

Zip

33183

County

Dade

Zip

33183

County

Dade

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ DOPAZO, MICHELLE
255 UNIVERSITY DR
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name RAFAEL D. PEREZ KOLDAN

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

16030 SW 42 TER

City MIAMI

FL

Zip Code 33185

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 date 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

TITLE PD ☐ Delete

NAME PEREZ ROLDAN, RAFAEL DARIO
STREET ADDRESS 4252 SW 159TH AVE
CITY-ST-ZIP MIAMI FL 33185

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

NAME 16030 SW 42 TER
STREET ADDRESS MIAMI
CITY-ST-ZIP FL 33185

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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)(f), 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

PRESIDENT

Date

Daytime Phone #

CR2E034 (9/99)