

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**  
 02-26-2002 90127 018 \*\*\*158.75

U144: 3 4 \*

**DOCUMENT # P99000042620**

**1. Entity Name**  
**AMERICA'S CONSTRUCTION CO.**

**Principal Place of Business**

**7500 NW 25 STREET**  
**SUITE 102**  
**MIAMI FL 33122**

**Mailing Address**

**9050 NW 192 TERRACE**  
**MIAMI FL 33018**

**B0031783**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**9600 NW 25 STREET**

**3. Mailing Address**  
**2831 SW 190 AVENUE**

Suite, Apt. #, etc.  
**SUITE 3B**

Suite, Apt. #, etc.

City & State  
**MIAMI, FLORIDA**

City & State  
**MIRAMAR, FLORIDA**

**4. FEI Number** **65-0950009**

Applied For  
 Not Applicable

Zip  
**33172**

Country

Zip  
**33029**

Country

**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**

**LOPEZ, FERNANDO A**

~~**9050 NW 192 TERRACE**~~  
~~**MIAMI FL 33018**~~

**2831 SW 190 AVENUE**  
**MIRAMAR, FL 33029**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**2831 SW 190 AVENUE**

City  
**MIRAMAR**

FL

Zip Code  
**33029**

**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** \_\_\_\_\_ **02-07-02**  
 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, 2002 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 **PTD** ☐ Delete  
 NAME **LOPEZ, FERNANDO A**  
 STREET ADDRESS **9050 NW 192 TERRACE** **2831 SW 190 AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33018** **MIRAMAR, FL 33029**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☐ Delete  
 NAME **GONZEMBACH, RODOLFO A**  
 STREET ADDRESS **9069 NW 193 STREET**  
 CITY-ST-ZIP **MIAMI FL 33018**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD** ☒ Delete  
 NAME **FALCONI, JOSE B**  
 STREET ADDRESS **5688 SANTIAGO CIRCLE**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **SD** ☐ Change ☒ Addition  
 NAME **HORACIO A. CAMPOS**  
 STREET ADDRESS **19167 SW 26 STREET**  
 CITY-ST-ZIP **MIRAMAR, FL 33029**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 STREET ADDRESS  
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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)(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:** \_\_\_\_\_ **FERNANDO A. LOPEZ**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-07-02**

**305-216-0848**

Date Daytime Phone #

CR2E034 (9/01)