

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047877

1. Entity Name

CONSTRUCTA BUILDERS, INC.

FILED

May 12, 2000 8:00 am
Secretary of State

05-12-2000 90076 043 ***150.00

Principal Place of Business

2665 SOUTH BAYSHORE DR. STE. 302
COCONUT GROVE FL 33133

Mailing Address

2665 SOUTH BAYSHORE DR. STE. 302
COCONUT GROVE FL 33133-5402

2. Principal Place of Business

1501 Collins Avenue

3. Mailing Address

1501 Collins Avenue

Suite, Apt. #, etc.

3rd Floor

Suite, Apt. #, etc.

3rd Floor

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33139

Country

USA

Zip

33139

Country

USA

4. FEI Number

65 0926107

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

KWIAT, ANDREW J

2665 SOUTH BAYSHORE DR. STE. 302
COCONUT GROVE FL 33133

Name

Kwiat, Andrew J

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

1501 Collins Avenue 3rd Floor

Miami Beach, FL 33139

City

FL

Zip Code
33139

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)

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 ☐ Delete
NAME PIETRI, MARC
STREET ADDRESS 2665 SOUTH BAYSHORE DR. STE. 302
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE D ☒ Change ☐ Addition
NAME Pietri, Marc
STREET ADDRESS 1501 Collins Avenue 3rd Floor
CITY-ST-ZIP Miami Beach Florida 33139

TITLE D ☐ Delete
NAME MEUNIER, JEAN MARC
STREET ADDRESS 2665 SOUTH BAYSHORE DR. STE. 302
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE D ☒ Change ☐ Addition
NAME Meunier, Jean Marc
STREET ADDRESS 1501 Collins Avenue 3rd Floor
CITY-ST-ZIP Miami Beach, Florida 33139

TITLE D ☐ Delete
NAME FAZILLEAU, ERIC
STREET ADDRESS 2665 SOUTH BAYSHORE DR. STE. 302
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE D ☒ Change ☐ Addition
NAME Fazilleau, Eric
STREET ADDRESS 1501 Collins Avenue 3rd Floor
CITY-ST-ZIP Miami Beach Florida 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)