

# 2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # P99000052288

1. Entity Name

SWEETWATER CONSTRUCTION COMPANY R

**FILED**  
**Jun 19, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90237 045 \*\*\*150.00

Principal Place of Business

10001 N.W. 50TH ST., STE. 109  
SUNRISE FL 33351

Mailing Address

10001 N.W. 50TH ST., STE. 109  
SUNRISE FL 33351-8004

2. Principal Place of Business

10001 NW 50TH ST STE 109

Suite, Apt. #, etc.

109

City & State

SUNRISE, FL

Zip

33351

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

65-0903352

4. FEI Number

90-0903365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALVARADO, LORENA  
10001 N.W. 50TH ST., STE. 109  
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

RANDALL ADRIAN

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

8217 NW 8TH ST

City

PLANTATION

FL

Zip Code

33324

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

*Randall Adrian*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

16 April 2000

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	PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	LORENA ALVARADO	
STREET ADDRESS	10001 NW 50TH STE 109	
CITY-STATE-ZIP	SUNRISE, FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDALL ADRIAN	
STREET ADDRESS	8217 NW 8TH ST	
CITY-STATE-ZIP	PLANTATION, FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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

*Randall Adrian* RANDALL ADRIAN

16 April 2000

954-749-0610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Randall Adrian* RANDALL ADRIAN 3 May 2000 954-749-0610

CR2E034 (9/99)