## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P99000053334 Mar 21, 2000 8:00 am **Secretary of State** BARLOVENTO CONSTRUCTION, INC. 03-21-2000 90053 025 \*\*\*150.00 Principal Place of Business Mailing Address 11422 S.W. 3RD STREET 11422 S.W. 3RD STREET HIALEAH FL 33174-1039 HIALEAH FL 32174 3. Mailing Address 2. Principal Place of Business 710 S.W. 114 Ave DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65-0927612 Applied For City & State City & State Not Applicable YIAMI, Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33174 U.S.A. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIEGO RIVERA Street Address (P.O. Box Number is Not Acceptable) MENDEZ, LUIS 11422 S.W. 3RD STREET HIALEAH FL 33174 Submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity DIEGO RIVERA, P.D. **SIGNATURE** eligible of satisfy its intangible FILE NOW!!! FEE IS \$150.00 9. This corporation is 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. P.D. Change Addition PD TITLE TITLE Delete DIEGO RIVERA MENDEZ, LUIS NAME 710 S.W. 114AVE-A3 STREET ADDRESS STREET ADDRESS 11422 S.W. 3RD STREET CITY-ST-ZIP MIAMI, FI. 33174 CITY-ST-ZIE HIALEAH FL 33174 ☐ Change Addition Delete TITLE MENDEZ, STAVROULA NAME NAME STREET ADDRESS STREET ADDRESS 1.1422 S.W. 3RD STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33174 ☐ Change - ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

DIEGO (KIVELA D)

SIGNATURE: