

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074380

1. Entity Name

CONSTRUCTION SERVICE INN, CORP.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90043 023 ***150.00

Principal Place of Business

17019 SW 142 PL
 MIAMI FL 33177

Mailing Address

17019 SW 142 PL
 MIAMI FL 33177-2719

AU060160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. BOX 770531

P.O. BOX 770531

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip
 33177

Country

Zip

33177

Country

4. FEI Number

65-0942364

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

OLIVERA, HUMBERTO
 17019 SW 142 PL
 MIAMI FL 33177

Name

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

City

FL

Zip Code

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 OLIVERA, HUMBERTO
 17019 SW 142 PL
 MIAMI FL 33177 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P.O. BOX 770531
 MIAMI FL 33177 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VP
 DENNY OLIVERA
 PO BOX 770531
 MIAMI FL 33177 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Delete

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

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:

HUMBERTO OLIVERA

03/01/2000 (305) 7616588

Date

Daytime Phone #

CR2E034 (9/99)