

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074488

1. Entity Name

OBRAS, INC.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90044 028 ***150.00

Principal Place of Business

Mailing Address

14250 S.W. 74TH COURT
MIAMI FL 33158

14250 S.W. 74TH COURT
MIAMI FL 33158-1656

2. Principal Place of Business

422 NW 13th

3. Mailing Address

422 NW 13th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

50

50

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33158

Country

USA

Zip

33158

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0942468

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

MORENO, OMAR J
14250 S.W. 74TH COURT
MIAMI FL 33158

Name

N/A

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

N/A

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 PD
STREET ADDRESS MORENO, OMAR J
CITY-ST-ZIP 14250 S.W. 74TH COURT
MIAMI FL 33158 ☐ Delete

TITLE
NAME VT
STREET ADDRESS JACOBUS BRUTNING
CITY-ST-ZIP 6225 SW. 83 AVE
MIAMI FL 33143 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME VM
STREET ADDRESS ROBERTO BARRETO JR.
CITY-ST-ZIP 8600 SW. 20 TERRACE
MIAMI, FL. 33155 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

OMAR MORENO

38.00 305.251.1597

Date

Daytime Phone #

CR2E034 (9/99)