

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90059 001 ***150.00
 02-14-2000 90059 002 *****8.75

DOCUMENT # P99000078912

1. Entity Name

COMPLETE DEVELOPMENT SERVICES, INC.

Principal Place of Business

Mailing Address

22290 SW 266 STREET
 HOMESTEAD FL 33031

22290 SW 266 STREET
 HOMESTEAD FL 33031-3826

2. Principal Place of Business

10045 SW 124 Ave

3. Mailing Address

10045 SW 124 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

MIAMI FLA

4. FEI Number

65-0945430

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

33186

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARIN, ANTONIO E
 2100 CORAL WAY SUITE 303
 MIAMI FL 33145

7. Name and Address of New Registered Agent

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

TITLE	PVTS	<input checked="" type="checkbox"/> Delete
NAME	ENCINOSA ROLANDO JR	
STREET ADDRESS	22290 SW 266 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ENCINOSA ROLANDO JR	
STREET ADDRESS	22290 SW 266 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT, TREASURER, DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ENCINOSA, ROLANDO J. JR		
STREET ADDRESS	10045 SW 124 AVE		
CITY-ST-ZIP	MIAMI, FLA 33186		
TITLE	V. PRES. & SECRETARY, DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ANA M. ENCINOSA		
STREET ADDRESS	10045 SW 124 AVE		
CITY-ST-ZIP	MIAMI, FLA 33186		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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:

ROLANDO J. ENCINOSA JR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-26-00

305-216-044

Daytime Phone #

8511



DO NOT WRITE IN THIS SPACE