## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 06, 2001 8:00 am Secretary of State DOCUMENT # P99000093275 1. Entity Name ICOA CONSTRUCTION CORP. 02-06-2001 90249 026 \*\*\*150.00 Principal Place of Business Mailing Address 7661 NW 68 ST 11960 SW 25TH TERRACE #127 MIAMI FL 33175 712632 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address 11960 SW 25 TEAR. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0958528 MIAM Not Applicable Zip ラろりつ Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CONCEPCION, PETER M Street Address (P.O. Box Number is Not Acceptable) 11960 SW 25TH TERRACE MIAMI FL 33175 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Change CONCEPCION. PETER M NAME NAME STREET ADDRESS 11960 SW 25TH TERRACE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition TUNDIDOR, TEODORO J NAME NAME STREET ADDRESS STREET ADDRESS 5790 W 14 LANE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 TITLE - --- Delete -TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.