

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91593 034 ***150.00

DOCUMENT # P99000095022

1. Entity Name

CONTRACTOR'S CORPORATION

Principal Place of Business

8500 S.W. 8 ST. #222

Miami, FL 33144

Mailing Address

SAME

2. Principal Place of Business

8500 S.W. 8 ST #222

Miami, FL 33144

Suite, Apt. #, etc.

#222

City & State

Miami, Florida

Zip

33144

Country

Dade

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0966113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMPARIMO, GIANCARLO

9601 Fontainebleau Blvd. #212

Miami, FL 33172

7. Name and Address of New Registered Agent

Name

Valderrama, Carlos A.

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

8500 S.W. 8 ST

Suite 222

City

Miami,

FL

Zip Code

33144

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!!! FEES: \$150.00
After MAY 1, 2001 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	PSD Amprimo, Giancarlo 9601 Fontainebleau Blvd #212 Miami, FL 33172	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Valderrama, Carlos A 8500 S.W. 8 ST # 222 Miami, FL 33144	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (11/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

305-266-5935

Daytime Phone