

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S30423**

1. Entity Name

AVENTURA ENGINEERING & CONSTRUCTION CORP.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90166 001 *****8.75
 03-22-2000 90166 002 ***150.00

Principal Place of Business

Mailing Address

**2800 BISCAYNE BLVD.
 STE 530
 MIAMI FL 33137
 US**

**P.O. BOX 80052
 AVENTURA FL 33280**

6447



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

266 NW 26 St.
 Suite, Apt. #, etc.

P.O. Box 800052
 Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Aventura FL

4. FEI Number
65-0244434

Applied For
 Not Applicable

Zip
33127

Country
USA

Zip
33280

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LOPEZ, CARY O
 2800 BISCAYNE BLVD.
 STE 530
 MIAMI FL 33137**

7. Name and Address of New Registered Agent

Name **Cary O. Lopez**
 Street Address (P.O. Box Number is Not Acceptable)
266 NW 26 St
 City **Miami** FL Zip Code **33127**

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 Cary O. Lopez Cary O. Lopez, President 2-18-00
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 Delete
 NAME **P/C LOPEZ, CARY O.**
 STREET ADDRESS **21376 MARINA COVE CIR.**
 CITY-ST-ZIP **AVENTURA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **STD WILLIAMS, ROSALINE E.**
 STREET ADDRESS **3550 BISCAYNE BLVD.**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D LOPEZ, ELSIE E**
 STREET ADDRESS **2800 BISCAYNE BLVD. STE 530**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 another like empowered.

SIGNATURE: Cary O. Lopez, President 2-18-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 19/99