## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 19, 2000 8:00 am **DOCUMENT # \$40550** 1. Entity Name: **Secretary of State** TREASURE CONSTRUCTION CORP. 01-19-2000 90190 023 \*\*\*150.00 Principal Place of Business Mailing Address 5885 W. 3RD LANCE 5885 W. 3RD LANCE HIALEAH FL 33012 HIALEAH FL 33012 UUUUU4320 2. Principal Place of Business 3. Mailing Address 380 <u>SIIS</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI-Number City & State City & State 65-0425802 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired A20 Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent - DELGADO, PEDRO P CPA-Street Address (P.O. Box Number is Not Acceptable) -- 1320 S. DIXIE HIGHWAY., #220 CORAL GABLES FL 33146 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Gilda R. Alonso Delete Change Addition TITLE TITLE NAME NAME 5885 West 3 Lane STREET ADDRESS STREET ADDRESS Haleah Fla 33012 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Addition TITLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME

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:

SIGNATURE:

SIGNATURE:

SIGNATURE:

Daylor Of Printed Name OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP