

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90140 041 \*\*\*150.00

**DOCUMENT # V46853**



1. Entity Name  
**LIZBETH CONSTRUCTION INC.**

Principal Place of Business  
**2828 S.W. 112 AVE.  
MIAMI FL 33165**

Mailing Address  
**2828 S.W. 112 AVE.  
MIAMI FL 33165**

**22000306**



2. Principal Place of Business  
**8105 NW 2nd St.**  
Suite, Apt. #, etc.

3. Mailing Address  
**8105 NW 2nd St.**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Miami FL**

City & State  
**Miami FL**

4. FEI Number **65-0345175**

Applied For  
 Not Applicable

Zip **33126** Country **USA**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GARCIA, ANTONIO N.  
2828 SW 112 AVE.  
MIAMI FL 33165**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GARCIA, ANTONIO N.</b>	
STREET ADDRESS	<b>2828 SW 112 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GARCIA, MARGARITA</b>	
STREET ADDRESS	<b>2828 SW 112 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Antonio Garcia* SIGNATURE REQUIRE Antonio Garcia 1-30-03 (305) 266-7555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)