

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V61358

1. Entity Name

C SQUARED CONSTRUCTION, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90061 032 ***150.00

Principal Place of Business

10300 SUNSET DRIVE
140
MIAMI FL 33173
US

Mailing Address

10300 SUNSET DRIVE
140
MIAMI FL 33173
US

2. Principal Place of Business

10300 Sunset Dr

3. Mailing Address

Same

Suite, Apt. #, etc.

411

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33173

Country

Miami-Dade

Country

4. FEI Number

65-0354211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTELLANOS, CARLOS M.
10300 SUNSET DRIVE
140
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name Carlos Castellanos

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

10300 Sunset Dr

411

City

Miami

FL

Zip Code

33173

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!!! FEE IS \$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

TITLE P
NAME CASTELLANOS, CARLOS M.
STREET ADDRESS 8241 SW 89 CT
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE VP
NAME CANDELA, HILARY J
STREET ADDRESS 720 SANTURCE AVE
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE VP
NAME CASTELLANOS, JORGE L
STREET ADDRESS 10905 S.W. 84TH COURT
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/01 305 598 5803

CR2E034 (10/00)