

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90116 009 ***158.75

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # V61358

1. Entity Name

C SQUARED CONSTRUCTION, INC.

830842

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7116 SW 47 STREET

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FLORIDA

City & State

4. FEI Number
65-0354211

Applied For

Not Applicable

Zip
33155

Country
USA

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CARLOS CASTELLANOS

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

7116 SW 47 Street

City MIAMI

FL

Zip Code 33155

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)

4/9/02
DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
CASTELLANOS, CARLOS M.
8241 SW 89 Court Miami, FL

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
CASTELLANOS, JORGE L.
10905 SW 84 Court
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02
Date

(305) 669-3881
Daytime Phone #

CR2E034B (12/01)