## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 21, 2002 8:00 am Secretary of State DOCUMENT # V62526 1. Entity Name 04-21-2002 90848 031 \*\*\*150.00 BESADA CONSTRUCTION CORPORATION Principal Place of Business Mailing Address 2450 SW 137TH AVE. C/O MARCIA B. CABALLERO. ESQ. STE, 221 2450 SW 137TH AVE., STE, 221 **MIAMI FL 33175** MIAMI FL 33175 3. Mailing Address Suite, Apt. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0363557 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name accia CABALLERO, MARCIA B Street A 2450 SW 137TH AVE SUITE 221 **MIAMI FL 33175** City 8. The above named entity submits his platement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or prin agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change □ Delete TITLE DPT ☐ Addition BESADA, HUMBERTO NAME pesada NAME 2450 SW 137TH AVENUE, STE. 221 STREET ADDRESS STREET ADDRESS **MIAMI FL 33175** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition BESADA, HUMBERTO JR. NAME NAME STREET ADDRESS 2450 SW 137TH AVENUE, STE. 221 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THRE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 trasfer and to expect 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR