

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046793

1. Entity Name

M C MILLWORK CONTRACTORS CORPORATION

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90126 004 ***150.00

Principal Place of Business

Mailing Address

5230 HOLLYWOOD BLVD.
 #307
 HOLLYWOOD FL 33021

5230 HOLLYWOOD BLVD.
 #307
 HOLLYWOOD FL 33023-1135

2. Principal Place of Business

3. Mailing Address

300 SW 68 Ave.

300 SW 68 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pembroke Pines, FL

Pembroke Pines, FL

4. FEI Number

Applied For

Not Applicable



DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

33023

USA.

33023

USA

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

MORA, CAMILO
 5230 HOLLYWOOD BLVD.
 #307
 HOLLYWOOD FL 33021

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.

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **President + Director** Delete
 NAME: **Camilo Mora**
 STREET ADDRESS: **300 SW 68 Ave**
 CITY-ST-ZIP: **Pembroke Pines, FL 33023**

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

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

SIGNATURE:

[Handwritten Signature]

Camilo Mora
 President

1/29/00 (254) 805-8631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)