

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90097 019 ***158.75

0110892

DOCUMENT # 385794

1. Entity Name

M.C.R.LUMBER & MATERIALS SUPPLY INC.

Principal Place of Business

Mailing Address

26140 S DIXIE HWY
 NARANJA FL 33032
 US

26140 S DIXIE HIGHWAY
 NARANJA FL 33032
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1368285**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

ZERVIGON, ALDO ESQUIRE
 201 SEVILLA SUITE #209
 CORAL GABLES FL 33134

Name *Jose M. Romero, Jr.*
 Street Address (P.O. Box Number is Not Acceptable)
26140 S. Dixie Highway
 City *Naranja* FL Zip Code *33032*

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE *4/27/01*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
TD	ROMERO, JULIE R		
26140 S. DIXIE HIGHWAY			
NARANJA FL			
PD	ROMERO, JOSE M. JR.		
26140 S. DIXIE			
NARANJA, FL 33032			
SD	ZERVIGON, AIDO		
201 SEVILLA SUITE 209			
CORAL GABLES FL			

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01
 Date

305-258-0037
 Daytime Phone #

CR2E034 (10/00)