

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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91220 045 \*\*\*150.00

DOCUMENT # 662955

1. Entity Name  
NAROCA CONSTRUCTION COMPANY



**DO NOT WRITE IN THIS SPACE**

11005556

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
10250 S.W., 56th. Street

3. Mailing Address  
10250 S.W., 56th., St.

Suite, Apt. #, etc.

Suite A-201

Suite, Apt. #, etc.

Suite A-201

City & State  
Miami, Florida.

City & State  
Miami, Florida

4. FEI Number  
59-2056959

Applied For  
Not Applicable

Zip  
33165

Country  
USA

Zip  
33165

Country  
USA

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  
Ramon Mestre

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

7841 S.W., 26 Street

City  
Miami

FL

Zip  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ramon Mestre

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

4/14/03

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Ramon Mestre, P/S  
7841 S.W., 26 Street  
Miami, Fl., 33155

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Carmen Mestre, VT  
7841 S.W., 26 Street  
Miami, Fl., 33155

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Ramon Mestre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

(305) 630 3791

Daytime Phone #

CR2E034B (12/02)