

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90078 045 \*\*\*550.00

**DOCUMENT # F96000001354**

1. Entity Name  
**MACH CONSTRUCTION CO., INC.**

Principal Place of Business 2139 UNIVERSITY #202 CORAL SPRINGS FL 33071	Mailing Address 2139 UNIVERSITY #202 CORAL SPRINGS FL 33071
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>2604 N.W. 124th Ave</i>	3. Mailing Address <i>2604 N.W. 124th Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Coral Springs Fl.</i>	City & State <i>Coral Springs Fl</i>
Zip <i>33065</i>	Zip <i>33065</i>
Country <i>Br</i>	Country

4. FEI Number <b>88-0185258</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

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

6. Name and Address of Current Registered Agent  
**FERNANDEZ, YOLANDA**  
**800 PARKVIEW DR., #1024**  
**HALLANDALE FL 33009**

7. Name and Address of New Registered Agent  
 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]* DATE *7/7/00*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>AGUIAR, MANUEL</b> <b>11560 NW 56TH DR 3113</b> <b>CORAL SPRINGS FL 33076</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>AGUIAR, LIZET</b> <b>11560 NW 56TH DR 3113</b> <b>CORAL SPRINGS FL 33076</b>
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.</b> <b>AGUIAR MANUEL</b> <b>2604 N.W. 124th Ave</b> <b>CORAL SPRINGS FL 33065</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>AGUIAR Lizet</b> <b>2604 N.W. 124th Ave</b> <b>CORAL SPRINGS FL 33065</b>
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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 all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED *[Signature]* DATE *7/7/00* DAYTIME PHONE # *(954) 227-1619*