Daytime Phone #

2002 Uniform Business Report (UBR)

Mar 28, 2002 8:00 am G97198 DOCUMENT # **Secretary of State** 1. Entity Name MACHY CONSTRUCTION, INC. 03-28-2002 90159 014 ***150.00 Principal Place of Business Mailing Address 9710 S.W. 28TH STREET 9710 S.W. 28TH STREET MIAMI FL 33165 **MIAMI FL 33165** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2431776 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROMERO, JUAN L. Street Address (P.O. Box Number is Not Acceptable) 9710 S.W. 28TH STREET **MIAMI FL 33165** City 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) 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 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) ☐ Delete TITLE TITLE ☐ Change ☐ Addition ROMERO, JUAN L NAME NAME STREET ADDRESS 9710 SW 28 ST STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROMERO, JUAN M NAME 9710 SW 28 ST STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME ROMERO, DANILO J NAME 9710 SW 28 ST STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ORFILLA, ROMERO NAME NAME 9710 S.W. 28 STREET STREET ADDRESS STREET ADDRESS **MIAMI FL 33165** CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 the receiver of the corporation of the corporation or the receiver of the corporation or the receiver of the corporation of t

ess, with all other like empowered

SIGNATURE: