2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

G97198 DOCUMENT



FILED

Mar 17, 2003 8:00 am 3 Secretary of State 1. Entity Name 03-17-2003 90148 006 ***150.00 MACHY CONSTRUCTION, INC. Mailing Address Principal Place of Business 9710 S.W. 28TH STREET 9710 S.W. 28TH STREET CEPBSUUY MIAMI FL 33165 MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address . Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-2431776 Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROMERO, JUAN L. Street Address (P.O. Box Number is Not Acceptable) 9710 S.W. 28TH STREET **MIAMI FL 33165** City Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition ☐ Delete TITLE TITLE ROMERO, JUAN L NAME NAME STREET ADDRESS 9710 SW 28 ST STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-7IP Delete ☐ Change Addition TITLE TITLE NAME NAME ROMERO, JUAN M STREET ADDRESS STREET ADDRESS 9710 SW 28 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition TITLE SD ☐ Delete TITLE NAME ROMERO, DANILO J NAME STREET ADDRESS 9710 SW 28 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete ☐ Change ☐ Addition NAME ORFILLA, ROMERO NAME STREET ADDRESS STREET ADDRESS 9710 S.W. 28 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 truetee empowered to execute this report as fequired by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

CITY-ST-ZIP

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Daytime Phone #