

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M54106

1. Entity Name
SIGMA CONSTRUCTION & ENGINEERING, CORP.

Principal Place of Business
4420 S.W. 97TH AVENUE
MIAMI FL 33165

Mailing Address
4420 S.W. 97TH AVENUE
MIAMI FL 33165

2. Principal Place of Business
3155 S.W. 99 CT
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
MIAMI, FL
Zip
33165

City & State
MIAMI-DADE
Zip
Country

4. FEI Number
59-2828067

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOREJON, LUIS
4420 S.W. 97TH AVENUE
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name: LUIS MOREJON
Street Address (P.O. Box Number is Not Acceptable)
3155 SW 99 CT.
City MIAMI FL Zip Code 33165

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

(NOTE: Registered Agent signature required when reinstating)

DATE 8/20/01

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 \$550.00
After September 12, 2001 Fee 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 PDS
NAME MOREJON, LUIS
STREET ADDRESS 4420 S.W. 97 AVENUE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE T
NAME MOREJON, LUIS
STREET ADDRESS 4420 S.W. 97 AVENUE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE V
NAME MOREJON, GILDA
STREET ADDRESS 4420 S.W. 97 AVENUE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDS
NAME LUIS MOREJON
STREET ADDRESS 3155 SW 99 CT
CITY-ST-ZIP MIAMI, FL 33165 ☒ Change ☐ Addition

TITLE T
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VP
NAME GILDA MOREJON
STREET ADDRESS 3155 SW 99 CT
CITY-ST-ZIP MIAMI, FL 33165 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90054 042 ***550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)