

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000025409**

1. Entity Name

MDO CONSTRUCTION & DEVELOPMENT GROUP CORPORATION**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90093 013 ***158.75

Principal Place of Business

**905 WEST PALM DRIVE
FLORIDA CITY FL 33034**

Mailing Address

**905 WEST PALM DRIVE
FLORIDA CITY FL 33034**

2. Principal Place of Business

20A W. 49TH ST.

3. Mailing Address

P.O. BOX 524611

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

MIAMI, Florida

4. FEI Number

65-1054846

Applied For

Not Applicable

Zip

33012

Country

DADE

Zip

33152

Country

5. Certificate of Status Desired

☒**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

MANUEL D. ORTIZ

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

20A W. 49TH ST**Suite #424**

City

HIALEAH

FL

Zip Code

33012

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)

DATE

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	ORTIZ, MANUEL D	
STREET ADDRESS	905 WEST PALM DRIVE	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	HAMILTON, MANUEL D	
STREET ADDRESS	905 WEST PALM DRIVE	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANUEL D. ORTIZ	
STREET ADDRESS	P.O. BOX 524611	
CITY-ST-ZIP	MIAMI FL 33152	
TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANUEL D. HAMILTON	
STREET ADDRESS	P.O. BOX 524611	
CITY-ST-ZIP	MIAMI FL 33152	
TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DURANN D. HAMILTON	
STREET ADDRESS	P.O. BOX 524611	
CITY-ST-ZIP	MIAMI FL 33152	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/01 (305) 3895764

CR2E034 (10/00)