

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000032387

1. Entity Name
KRAMCO BUILDERS I, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90238 028 ***150.00

Principal Place of Business
**8250 N.E. 10TH AVENUE
MIAMI FL 33138**

Mailing Address
**8250 N.E. 10TH AVENUE
MIAMI FL 33138**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1082400		Applied For ☐
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
City & State		City & State				
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAGAROLAS, MAURICIO
815 PONCE DE LEON BLVD., 2ND FLOOR
MIAMI FL 33134-3007**

Name **MARK MACCAGNO**
Street Address (P.O. Box Number is Not Acceptable)
8250 NE 10 AVE
City **MIAMI** FL **33138**

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 **MARK MACCAGNO PRESIDENT** **04/22/01**
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACCAGNO, MARK 8250 N.E. 10TH AVENUE MIAMI FL 33138 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARK MACCAGNO 8250 NE 10 AVE MIAMI FL 33138 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: **MARK MACCAGNO, PRES.** **04/22/01** **305 751 7119**
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)