

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043385

1. Entity Name

MS FLORIDA CONSTRUCTION, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90009 043 ***158.75

Principal Place of Business

3501 SW 107 AVE
MIAMI FL 33165

Mailing Address

3501 SW 107 AVE
MIAMI FL 33165

2. Principal Place of Business

1865-79 ST. CAUSEWAY

Suite, Apt. #, etc.

7N

3. Mailing Address

1865-79 ST. CAUSEWAY

Suite, Apt. #, etc.

7N

City & State

NORTH BAY VILLAGE, FL

City & State

NORTH BAY VILLAGE, FL

Zip

33141

Country

Zip

33141

Country

4. FEI Number

65-1006266

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, NELSON I
3501 SW 107 AVE
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

MARIO D. SAPATTA

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

1865-79 ST. CAUSEWAY # 7N

City

NORTH BAY VILLAGE

FL

Zip Code

33141

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.

MARIO D. SAPATTA PRES.

03-29-01

(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 NAME STREET ADDRESS CITY-ST-ZIP
PST SAPATTA, MARIO D 3501 SW 107 AVE MIAMI FL 33165 ☐ 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

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 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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-29-01

Date

(305) 861-9148

Daytime Phone #

CR2E034 (10/00)