

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90188 028 ***150.00

DOCUMENT # P00000043385

1. Entity Name
MS FLORIDA CONSTRUCTION, INC.



Principal Place of Business
**1865 79ST. CAUSE WAY
#7N
MIAMI FL 33141**

Mailing Address
**1865 79ST. CAUSE WAY
#7N
MIAMI FL 33141**



2. Principal Place of Business
8947 NW 23RD ST
Suite, Apt. #, etc.

3. Mailing Address
8947 NW 23RD ST
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
CORAL SPRINGS, FL
Zip
33065 Country

City & State
CORAL SPRINGS FL
Zip
33065 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
SAPATTA, MARIN D
1865 79ST CAUSE WAY
#7N
MIAMI FL 33141

7. Name and Address of New Registered Agent
Name **MARIO D. SAPATTA**
Street Address (P.O. Box Number is Not Acceptable)
8947 NW 23RD STREET
City **CORAL SPRINGS** FL Zip Code **33065**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **MARIO D. SAPATTA** **PRES** **2/20/03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SAPATTA, MARIO D 3501 SW 107 AVE MIAMI FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MARIO D. SAPATTA 8947 NW 23RD STREET CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 trustee empowered to execute this report as required 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.

SIGNATURE: **SAPATTA** **3/20/03** **(305) 725-5858**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)