

5/11

FILED
Jul 06, 2001 8:00 am
Secretary of State

05-16-2001 90398 010 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050338

1. Entity Name

PROYECTOS Y CONSTRUCCIONES, M.T.G., INC.

Principal Place of Business

14905 SW 38TH STREET
MIAMI FL 33185

Mailing Address

14905 SW 38TH STREET
MIAMI FL 33185

2. Principal Place of Business

14905 SW 34 Street

Suite, Apt. #, etc.

3. Mailing Address

15735 SW 46 Terr.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33185

Country

U.S.

Zip

33185

Country

4. FEI Number

☒ Applied For☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FONT, MERCEDES
14905 SW 38TH STREET
MIAMI FL 33185

7. Name and Address of New Registered Agent

Name Mercedes Font

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

15735 SW 46 Terrace

City Miami

FL

Zip 33185

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

4/30/01

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 \$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	PVST	<input type="checkbox"/> Delete
NAME	FONT, MERCEDES	
STREET ADDRESS	14905 SW 38TH STREET	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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		<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		
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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

4/30/01

Date

229-2275

Daytime Phone #

CR2E034 (10/00)