

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90120 015 \*\*\*558.75

**DOCUMENT # P00000056982**

1. Entity Name

**STRUCTURAL & MANSORY, INC.**

Principal Place of Business

**7155 N AUGUSTA DR  
 MIAMI LAKES FL 33015**

Mailing Address

**% IVAN A. GOMEZ. ESO.  
 601 BRICKELL KEY DR.. SUITE 507  
 MIAMI FL 33131**

2. Principal Place of Business

**2748 WEST 79th STREET**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**HTALEAH, FLORIDA**

City & State

Zip

**33016**

Country

**USA**

Zip

Country

4. FEI Number

**65-1022763**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ACOSTA, TIMOTHY  
 7155 N AUGUSTA DR  
 MIAMI LAKES FL 33015**

7. Name and Address of New Registered Agent

Name **IAG CORPORATE SERVICES, INC.**

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

**601 BRICKELL KEY DRIVE, SUITE 507**

City **MIAMI**

**FL**

Zip Code

**33131**

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 **IAG CORPORATE SERVICES, INC.**

BY: **IVAN A. GOMEZ, PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/3/01**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ACOSTA, TIMOTHY</b>	
STREET ADDRESS	<b>7155 N AUGUSTA DR</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33015</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Delete
NAME	<b>-Gonzalez, Oscar.</b>	
STREET ADDRESS	<b>2748 W 79th</b>	
CITY-ST-ZIP	<b>Hialeah FL 33016</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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
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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 REQUIRED**  
**TIMOTHY ACOSTA**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(305) 371-9213**

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CR2E034 (5/01)