

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90070 032 ***158.75

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. ESQ.
 601 BRICKEL KEY DR. SUITE 507
 MIAMI FL 33131**

2. Principal Place of Business

2748 WEST 79 STREET

Suite, Apt. #, etc.
SUITE 507

City & State
HIALEAH, FL

Zip
33016

Country
U.S.A.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-1022763**

Applied For
 Not Applicable

5. Certificate of Status Desired **XX** **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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.
IAG CORPORATE SERVICES, INC.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable.

BY: *[Signature]*
 (NOTE: Registered Agent signature required when reinstating)
IVAN A. GOMEZ, PRESIDENT

DATE **2/15/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) **XX**

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	D	<input type="checkbox"/> Delete
NAME	ACOSTA, TIMOTHY	
STREET ADDRESS	7155 N AUGUSTA DR	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	OSCAR, GONZALEZ	
STREET ADDRESS	2448 WEST 79TH STREET	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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]* (305) 371-9213
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TIMOTHY ACOSTA, PRESIDENT** Daytime Phone #

CR2E034 (9/01)