

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

01-26-2001 90130 034 ***150.00

DOCUMENT # P00000088325

1. Entity Name

MFM CONSTRUCTION CORP.

Principal Place of Business

Mailing Address

**447 BLUE ROAD
 CORAL GABLES FL 33146**

**447 BLUE ROAD
 CORAL GABLES FL 33146**

32583

2. Principal Place of Business

777 SW 111 WAY

3. Mailing Address

777 SW 111 WAY

Suite, Apt. #, etc.

#8-108

Suite, Apt. #, etc.

#8-108

City & State

Pembroke Pines, Fla

City & State

Pembroke Pines, Fla

4. FEI Number

65-1078966

Applied For

Not Applicable

Zip

33025

Country

U.S.A.

Zip

33025

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, MAURICIO

447 BLUE ROAD

CORAL GABLES FL 33146

Name

MAURICIO MARTINEZ

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

777 SW 111 Way #8-108

City

Pembroke Pines

FL

Zip Code

33025

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

Mauricio Martinez

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, MAURICIO 447 BLUE ROAD CORAL GABLES FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FREIDEL, JUAN MANUEL 17555 COLLINS AVE., APT 2702 SUNNY ISLES FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Mauricio Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/01

Date

305-7885789

Daytime Phone #

CR2E034 (10/00)