

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90232 039 ***150.00

DOCUMENT # **P000000 88325**

1. Entity Name

MFM CONSTRUCTION CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18891 SW 29 CT

Suite, Apt. #, etc.

3. Mailing Address

18891 SW 29 CT

Suite, Apt. #, etc.

City & State

MIRAMAR FLORIDA

City & State

MIRAMAR, FLORIDA

Zip

33029

Country

BROWARD

Zip

33029

Country

BROWARD

4. FEI Number

65-1078966

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **MAURICIO MARTINEZ**

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

18891 SW 29 CT

City

MIRAMAR

FL

Zip Code

33029

**DO NOT WRITE
IN THIS SPACE**

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

MAURICIO MARTINEZ

02-20-02

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT MAURICIO MARTINEZ 18891 SW 29 CT MIRAMAR, FLORIDA 33029	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY AND TREASURER JUAN MANUEL FREIDEL 3400 SW 27 AVE MIAMI, FLORIDA 33133	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mauricio Martinez

MAURICIO MARTINEZ

02-20-02

954-8189554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #