

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90030 003 ***150.00

DOCUMENT # P00000088325

1. Entity Name
MFM CONSTRUCTION CORP.



Principal Place of Business
**2875 NE 191 STREET
SUITE 400 A
AVENURA FL 33180**

Mailing Address
**2875 NE 191 STREET
SUITE 400 A
AVENURA FL 33180**

2. Principal Place of Business
18891 SW 29 CT

3. Mailing Address
18891 SW 29 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIRAMAR

City & State
MIRAMAR

4. FEI Number **65-1078966**

Applied For

Not Applicable

Zip **FL**

Country **33029**

Zip **FL**

Country **33029**

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

6. Name and Address of Current Registered Agent

**MARTINEZ, MAURICIO
18891 SW 29 CT
MIRAMAR FL 33029**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MARTINEZ, MAURICIO	
STREET ADDRESS	18891 SW 29 CT	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	FREIDEL, JUAN MANUEL	
STREET ADDRESS	17555 COLLINS AVE., APT 2702	
CITY-ST-ZIP	SUNNY ISLES FL 33160	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	JUAN, FREIDEL M	
STREET ADDRESS	3400 SW 27 AVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE MALABET	
STREET ADDRESS	808 BRICKELL KEY DRIVE. A. 3047	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	TO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOS SARABIA	
STREET ADDRESS	19601 E COUNTRY CLUB DR. A. 604	
CITY-ST-ZIP	AVENTURA, FL 33180	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

01.31.03 305-794-1109

Date

Daytime Phone #

CR2E034 (10/02)