

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109183

1. Entity Name
MASTER CONSTRUCTION OF SOUTH FLORIDA INC

Principal Place of Business
2108 W 62TH ST
HIALEAH FL 33016

Mailing Address
2108 W 62TH ST
HIALEAH FL 33016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1058628

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, GERONIMO
590 E 19 ST
HIALEAH FL 33013

7. Name and Address of New Registered Agent

Name: Hernandez, Agustin
Street Address (P.O. Box Number is Not Acceptable):
590 East 19th Street
Hialeah
City: FL Zip Code: 33013

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: *Agustin Hernandez* Agustin Hernandez 10/25/01
Signature of registered agent and title if applicable. 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)

FILED
After September 12, 2001 Fee will be \$750.00
Make Payment Available to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: D
NAME: HERNANDEZ, AGUSTIN
STREET ADDRESS: 590 E 19 ST
CITY-ST-ZIP: HIALEAH FL 33013

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: 200004696102-3
NAME: -11/28/01--01012--022
STREET ADDRESS: ****750.00 ****750.00
CITY-ST-ZIP:

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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: *Agustin Hernandez* SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/01

Date

(305) 556-0098

Daytime Phone #

0021298 AV

FILED

01 OCT 30 PM 3:28

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)