

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

09-03-2002 90163 025\*\*\*150.00  
P01000000102

DOCUMENT # **P01000000102**

1. Entity Name

**MAK CONSTRUCTION ENTERPRISES, INC.**

02 SEP -9 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**4856 N STATE RD 7**

3. Mailing Address

**4856 N STATE RD 7**

Suite, Apt. #, etc.

**207**

Suite, Apt. #, etc.

**207**

DO NOT WRITE IN THIS SPACE

City & State

**COCONUT CREEK FL**

City & State

**COCONUT CREEK FL**

4. FEI Number

**65-1063374**

Applied For

Not Applicable

Zip

**33067**

Country

**USA**

Zip

**33067**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**FLORES MANUEL F**

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

**4856 N STATE RD 7 APT 207**

City

**COCONUT CREEK**

FL

Zip Code

**33067**

**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

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**8/29/02**

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  
**DD  
FLORES MANUEL F  
4856 N STATE RD 7 APT 207  
COCONUT CREEK FL 33067**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

*Handwritten signature/initials*

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, mutual power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8/29/02**

CR2E034B (12/01)

*Attachment*  
*#PO1000000102*  
*124776*

**MAK CONSTRUCTION ENTERPRISES, INC.**  
**4856 N STATE ROAD 7 APT #207**  
**COCONUT CREEK, FL 33067**

August 27, 2002

Division of Corporations  
Annual Report Section  
P.O. Box 6327  
Tallahassee, FL 32314

REF: MAK CONSTRUCTION ENTERPRISES, INC.  
PO1000000102

Dear Sir or Madam:

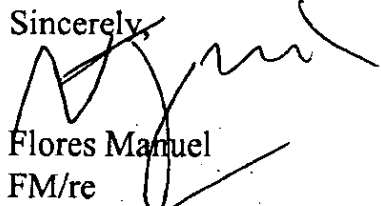
Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,

  
Flores Manuel  
FM/re