

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91807 002 ***150.00

DOCUMENT # P01000062737

1. Entity Name
MICROCAD/FM CORP.



Principal Place of Business
6001 N.W. 153RD STREET
SUITE 140
MIAMI LAKES FL 33014

Mailing Address
6001 N.W. 153RD STREET
SUITE 140
MIAMI LAKES FL 33014

2. Principal Place of Business

5220 NW 72 Ave

3. Mailing Address

5220 NW 72 Ave

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

#3

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

DADE

Zip

33166

Country

DADE



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1115794

Applied For

Not Applicable

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

ABRAMSON, EDWARD J ESQ.
7270 N.W. 12TH STREET
SUITE 580
MIAMI FL 33126

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SERNA A., JUAN C
STREET ADDRESS 6001 N.W. 153RD STREET
CITY-ST-ZIP MIAMI LAKES FL 33014

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/03

Date

(305) 539-1733

Daytime Phone #

CR2E034 (10/02)