## **2003 UNIFORM BUSINESS REPORT (UBR)**

## Apr 04, 2003 8:00 am Secretary of State **DOCUMENT# P02000053148** 1. Entity Name 04-04-2003 90077 034 \*\*\*150.00 W. M. CONSTRUCTION, INC. Principal Place of Business Mailing Address JUU/1317 **3553 WILES RD** 739 E ATLANTIC BLVD **COCONUT CREEK, FL 33073** POMPANO BCH FL 33060 2. Principal Place of Business 3. Mailing Address 891 CYPRESS PARK WAY 891 CYPRESS PARK WAY Suite Apt.#, etc, Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE Apt # C Apt # C City & Stale City & Stale 4. FEI Number Applied For POMPANO BCH, FL POMPANO BCH, FL 04-3656251 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 33064 USA 33064 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DELIMA, MARCELO F VIEIRA, DERO W Street Address (P 0. Box Number is Not Acceptable) 891 CYPRESS PARK WAY # C 3553 WILES RD **COCONUT CREEK FL 33073** City Zip Code FL 33064 **POMPANO BCH** 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 04/02/03 registered agent and title if applicable. (NOTE:Registere Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11 OFFICERS AND DIRECTORS 12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP **⊠** Delete TITLE Change Addition | VIEIRA, DERO W NAME DELIMA, MARCELO F. STREET ADDRESS 3553 WILES RD STREET ADDRESS 891 CYPRESS PARK WAY # C CITY-ST-ZIP **COCONUT CREEK FL 33073** CITY- ST- ZIP POMPANO BCH, FL 33064 Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition Delete TITLE Change STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIE Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP Oelete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

C/TY-ST-2JP

04/02/03

FILED

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<sup>13. 1</sup> hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.