

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91870 013 ***150.00

DOCUMENT # P02000107665

1. Entity Name
MADE CONSTRUCTION, INC



Principal Place of Business
**600 PALM AVE
C
HIALEAH FL 33010
US**

Mailing Address
**600 PALM AVE
C
HIALEAH FL 33010
US**

2. Principal Place of Business
10585 SW 109th Court

3. Mailing Address
10585 SW 109th Court

Suite, Apt. #, etc.
201

Suite, Apt. #, etc.
201

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip Country
33176 US

Zip Country
33176 US

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

**BUROSERV
600 PALM AVE
C
HIALEAH FL 33010**

Name
Buroserv
Street Address (P.O. Box Number is Not Acceptable)
10585 SW 109th Court
Ste 201
City **Miami** FL Zip Code **33176**

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 **Francisco De La Paz** 4/30/2003
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 **D** ☐ Delete
NAME **GOMEZ, MIGUEL J**
STREET ADDRESS **600 PALM AVE SUITE C**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **D** ☒ Change ☐ Addition
NAME **Gomez, Miguel J**
STREET ADDRESS **10585 SW 109th Ct Ste 201**
CITY-ST-ZIP **Miami, FL 33176**

TITLE **D** ☐ Delete
NAME **LLERENA, BARBARA E**
STREET ADDRESS **600 PALM AVE SUITE C**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **D** ☐ Change ☐ Addition
NAME **Llerena, Barbara E**
STREET ADDRESS **10585 SW 109th Ct Ste 201**
CITY-ST-ZIP **Miami, FL 33176**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Barbara e Llerena** 4/30/2003 305-59605655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)