

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

DOCUMENT # P03000082596

1. Entity Name

AMERICAN STRUCTURAL CORPORATE INC

FILED

05 JAN 11 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

04-05

2. Principal Place of Business

5206 W. 25 LANE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
HIALEAH, FL

City & State

4. FEI Number

56-2388028

Applied For

Not Applicable

Zip
33016

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ARMANDO SALAZAR

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

5206 W 25 LANE

City

HIALEAH

FL

Zip Code

33016

**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 required for name of registered agent and state if applicable.

ARMANDO SALAZAR

(NOTE: Registered Agent signature required when reinstating)

DATE

12/7/04

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	PRESIDENT ARMANDO SALAZAR 5206 W 25 LANE HIALEAH, FL 33016	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

100043365811
12/13/04--01060--009 **150.00

100043365811
01/19/05--01044--020 **758.75

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARMANDO SALAZAR

DATE

12/7/04 786-412-6032

Daytime Phone #

CR2E034B (12/01)