2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State
03-30-2001 90329 043 ***150.00

DOCUMENT # P92000004003

1. Entity Name
MEF CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
5040 NW 7TH ST #410 MIAMI FL 33126 US	5040 NW 7TH ST #410 MIAMI FL 33126 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
782 N.W. 42nd Ave.		782 N.W. 42nd Ave.	
Suite, Apt. #, etc. #640		Suite, Apt. #, etc #640	
City & State Miami, Fl		City & State Miami, Fl	
Zip 33126	Country USA	Zip 33126	Country USA

4. FEI Number 65-0372282 [ ] 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
OCANA, MIGUEL 1557 SW 141 AVENUE MIAMI FL 33184	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.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [ ]

FILE NOW!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD OCANA, MARIA E 1557 S.W. 141ST AVE. MIAMI FL 33175	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD OCANA, MIGUEL 1557 S.W. 141ST AVE. MIAMI FL 33175	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria E Ocana 03.27.01 (305) 461-0033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)