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FILED
Jun 18, 2002 8:00 am
Secretary of State
05-24-2002 91335 029 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000004003

1. Entity Name

MEP Construction, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
782 N.W. 42 Ave.	782 NW. 42 Ave.
Suite, Apt. #, etc. # 640	Suite, Apt. #, etc. # 640
City & State Miami, FL	City & State Miami, FL
Zip 33126 Country Miami-Dade	Zip 33126 Country Miami-Dade

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0372282 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MIGUEL OCANA

Street Address (P.O. Box Number is Not Acceptable) 1557 SW 141 AVE

City MIAMI FL Zip Code 33184

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) ☐

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	PTD
NAME	Ocana, Maria E
STREET ADDRESS	1557 S.W. 141st Ave.
CITY-ST-ZIP	Miami, Fl 33175
TITLE	VSD
NAME	Ocana, Miguel A.
STREET ADDRESS	1557 S.W. 141st Ave.
CITY-ST-ZIP	Miami, Fl 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with a blank like empowered.

SIGNATURE: _____ April 29, 2002 305-401-0603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #