

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000080756

1. Entity Name

MASTER IRRIGATION, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90068 018 ***150.00

Principal Place of Business

7400 W 20 AVE
#403
MIAMI LAKES FL 33016
US

Mailing Address

P.O. BOX 4694
MIAMI LAKES FL 33014
US

2. Principal Place of Business

5110 SW 166 Ave

Suite, Apt. #, etc.

3. Mailing Address

5110 SW 166 Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale

City & State

Ft. Lauderdale

4. FEI Number

65-0535020

Applied For

Not Applicable

Zip

33331

Country

Broward

Zip

33331

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODNEY D. LOGAN, P.A.
100 SE 2ND ST
21ST FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Jeannie Martinez

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

5110 SW 166 Ave

City

Ft. Lauderdale

FL

Zip Code

33331

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

4/14/01

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	PIEDRA, OMAR	
STREET ADDRESS	7400 W 20 AVE., #403	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MARTINEZ, JEANNIE	
STREET ADDRESS	7400 W 20 AVE #403	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Piedra, Omar	
STREET ADDRESS	5110 SW 166 Ave	
CITY-ST-ZIP	Ft. Lauderdale FL 33331	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martinez, Jeannie	
STREET ADDRESS	5110 SW 166 Ave	
CITY-ST-ZIP	Ft. Lauderdale FL 33331	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OMAR PIEDRA

4/14/01

Date

(305) 823-0888

Daytime Phone #

CR2E034 (10/00)