

2000 UNIFORM BUSINESS REPORT (UBR)

01 JAN 2000 90287 005 ***150.00

0141198

DOCUMENT # P95000095176

1. Entity Name

M.U.Y.U. CONSTRUCTION CORP.

01 JAN 31 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00011796



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8112 N.W. 164TH TERRACE MIAMI LAKES FL 33016 US	Mailing Address 8112 N.W. 164TH TERRACE MIAMI LAKES FL 33016-6195 US
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2. Principal Place of Business 7855 NW 185 ST Suite, Apt. #, etc. Hialeah FL City & State Zip 33015 Country US	3. Mailing Address 7855 NW 185 ST Suite, Apt. #, etc. Hialeah FL City & State Zip 33015 Country US
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4. FEI Number 65-0630123	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEON, ULISES 14031 SW 38TH TER. MIAMI FL 33175	7. Name and Address of New Registered Agent Name ULISES LEON Street Address (P.O. Box Number is Not Acceptable) 7855 NW 185 ST City Hialeah FL Zip Code 33015
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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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEON, ULISES 14031 SW 38TH TER. MIAMI FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

2/7/01