

5/21

FILED

Jun 18, 2002 8:00 am
Secretary of State

05-21-2002 90892 005 ***150.00

2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P970000003611

1. Entity Name

MDR CONSTRUCTION CORP.

35795

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19850 SW 83 AVE

Suite, Apt. #, etc.

3. Mailing Address

19850 SW 83 AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

Zip

33189

Country

USA

City & State

MIAMI, FL

Zip

33189

Country

USA

4. FEI Number

65-0724947

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name MARIA E. DEL ROSARIO--

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

19850 SW 83 AVE.

City MIAMI

FL

Zip Code 33189

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when rechartering)

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
DEL ROSARIO, MARIA E.
19850 SW 83 AVE
MIAMI, FL 33189TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP/DIRECTOR
DEL ROSARIO, JAVIER
19850 SW 83 AVE
MIAMI, FL 33189TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
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CITY - ST - ZIPDO NOT WRITE
IN THIS SPACE

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA E. DEL ROSARIO, PRES.

4/29/02 (305) 255-0756

Date

Daytime Phone #

CR2E034B (12/01)