

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90163 042 ***150.00

DOCUMENT # P97000041103

1. Entity Name
MURO CONSTRUCTION, INC.



Principal Place of Business
6300 S.W. 25 STREET
MIAMI FL 33155
US

Mailing Address
6300 S.W. 25 STREET
MIAMI FL 33155
US

10000000



2. Principal Place of Business
4105 PONCE DE LEON BLV
Suite, Apt. #, etc. **-**

3. Mailing Address
4105 PONCE DE LEON BLVD.
Suite, Apt. #, etc. **-**

☐ CHECK HERE IF MAKING CHANGES

City & State
CORAL GABLES, FLORIDA
Zip
33146
Country **-**

City & State
CORAL GABLES, FLORIDA
Zip
33146
Country **-**

4. FEI Number **65-0784922**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, JULIO
3415 SOUTH LAKE DR.
MIAMI FL 33155

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/12/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **RODRIGUEZ, JULIO**
STREET ADDRESS **3415 SOUTH LAKE DRIVE**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **VP** ☒ Delete
NAME **ROSARIO, MUNOZ**
STREET ADDRESS **6300 S.W. 25 STREET**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **ST** ☐ Delete
NAME **CONTRERAS, IVAN E**
STREET ADDRESS **6300 S.W. 25 STREET**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **VP**
STREET ADDRESS **CONTRERAS, IVAN E**
CITY-ST-ZIP **3415 SOUTH LAKE DRIVE**
MIAMI, FL 33155

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03
Date

(305) 669-1496
Daytime Phone #

CR2E034 (10/02)