

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000053108**

1. Entity Name

**C & E MASONRY, INC.**

Principal Place of Business

6905 W 7 AVE STE 104  
HIALEAH FL 33014

Mailing Address

6905 W 7 AVE STE 104  
HIALEAH FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0760999**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ARAGON, ERASMO C**  
6905 W 7 AVE STE 104  
HIALEAH FL 33014

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.

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) ☐**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	PD	<input type="checkbox"/> Delete
NAME	ARAGON, ERASMO C	
STREET ADDRESS	6905 W 7 AVE STE 104	
CITY - ST - ZIP	HIALEAH FL 33014	
TITLE	V	<input type="checkbox"/> Delete
NAME	TERCERO, CARLOS	
STREET ADDRESS	17411 N.W. 82ND COURT	
CITY - ST - ZIP	MIAMI LAKES FL 33015	
TITLE	S	<input type="checkbox"/> Delete
NAME	ARAGON, IVAN	
STREET ADDRESS	17411 N.W. 82ND COURT	
CITY - ST - ZIP	MIAMI LAKES FL 33015	
TITLE	T	<input type="checkbox"/> Delete
NAME	TERCERO, CESOR	
STREET ADDRESS	17411 NW 82ND CT	
CITY - ST - ZIP	HIALEAH FL 33015	
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		<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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *ERASMO ARAGON*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01 (305) 827-4078

Date

Daytime Phone #

0096631

CR2E034 (10/00)

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90090 017 \*\*\*150.00

**00005634**

DO NOT WRITE IN THIS SPACE