

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90217 019 ***150.00

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1. Entity Name

NAROCA CONSTRUCTION COMPANY I



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5601 SW 103 Court

Suite, Apt. #, etc.

3. Mailing Address

5601 SW 103 Court

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Florida, Miami

4. FEI Number

65-1013132

Applied For

Not Applicable

Zip

33173

Country

Dade

Zip

33173

Country

Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

(Ramon Mestre, P) 4/22/04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP
President	Mestre, Ramon	2250 SW 131 Place	Miami, FL. 33175
Vice President	Mestre, Carmen	2250 SW 131 Place	Miami, FL. 33175

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Ramon Mestre, Pr) 4/22/04

Date

Daytime Phone #

CR2E034B (12/02)