2002 UNIFORM BUSINESS REPORT (UBR)

P98000031538 **DOCUMENT #**

1. Entity Name

F.M. CONSTRUCTORS INC.

Principal Place of Business 5513 COURTYARD DRIVE MARGATE FL 33063

Mailing Address

5513 COURTYARD DRIVE MARGATE FL 33063

FILED Apr 24, 2002 8:00 am Secretary of State

04-24-2002 90252 020 ***150.00



2. Principal Place	of Business	3. M	3. Mailing Address				1 10011001 (10 10101 10111 00111 00111				
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Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4 F	El Number of 0000455		$\neg \tau$	Applied For	
							4. FEI Number 65-0826455			Not Applicable	
Zip	Country		Zip Count		try	5. C	Certificate of Status Desired		8.75 A ee Requ	Additional ired	
	. Name and Address of Curre	ent Registr	ered Agent		-	7. N	ame and Address of New Re	gistered A	gent		
	. Name and Address of Curr	cht Hogion			Name		عمارت بين چنييدسر	17.5	، مسم ی	.=	
MARRUGO, FITZALAN					Street Address (P.O. Box Number is Not Acceptable)						
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MARGATE FL											
MARGATE FL	33003				City			FL	Zip C	ode	
					- d effice or regin	tored age	ont, or both, in the State of Flor	ida.			
8. The above nan	ned entity submits this statemen	nt for the p	urpose of changing its	s register	ed office or regis	stereu age	ent, or both, in the state of the				
SIGNATURE	ature, typed or printed name of registered a	agent and title i	t applicable (NOT	E: Registere	ed Agent signature requ	ired when re	einstating)	DATE			
Sign	ature, typed or printed name of registered a	agent and the n					T	 -			
This corporation is eligible to satisfy its Intangible FILE NOW! After May 1, 200				!!! FEE	IS \$150.00	n	10. Election Campaign Fina			5.00 May Be	
Tax filing requirement and elects to do so. (See criteria on back)			After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of St			o State	Trust Fund Contribution		. Ad	ded to Fees	
(See criteria o						Δ.	L DDITIONS/CHANGES TO OFFI	CERS AND	DIRECT	ORS IN 11	
11.	OFFICERS A	AND DIREC		12.			DITION OF PROCEED FOR THE		☐ Chan		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE!