

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000032690**

1. Entity Name

MASTEC, INC.

Principal Place of Business

**3155 N.W. 77TH AVENUE
MIAMI FL 33122-1205**

Mailing Address

**3155 N.W. 77TH AVENUE
MIAMI FL 33122-1205**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0829355**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAS, JORGE 3155 NW 77TH AVENUE MIAMI FL 33122	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CITRON, JOEL 3155 NW 77TH AVENUE MIAMI FL 33122	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO SABATER, CARMEN 3155 NW 77TH AVENUE MIAMI FL 33122	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAMON, NANCY J 3155 NW 77TH AVENUE MIAMI FL 33122	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARMEN SABATER

Date

4/27/01 (305) 599-1800

Daytime Phone #

**FILED
May 04, 2001 8:00 am
Secretary of State**

05-04-2001 90109 003 ***150.00

00033349

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)