

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047088

1. Entity Name

STRUCTURAL MASTER CORP.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90047 006 ***158.75

Principal Place of Business

7155 N. AUGUSTA DR
MIAMI, FL 33015

Mailing Address

C/O IVAN A. GOMEZ, P.A.
601 BRICKELL KEY DRIVE
SUITE 507
MIAMI, FLORIDA 33131

2. Principal Place of Business

7901 W. 25TH AVE.

3. Mailing Address

Suite, Apt. #, etc.

BAY #2

City & State

HIALEAH, FLORIDA

Zip
33016

Country
USA

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

58-2399189

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IVAN A. GOMEZ, P.A.
601 BRICKELL KEY DRIVE
SUITE 507
MIAMI, FLORIDA 33131

7. Name and Address of New Registered Agent

Name

IAG CORPORATE SERVICES, INC.

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

601 BRICKELL KEY DRIVE

SUITE 507

City

MIAMI

FL

Zip Code

33131

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.

IAG CORPORATE SERVICES, INC.

SIGNATURE

By:

Ivan A. Gomez, President

4/29/00

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) **XX**

FILE NOW!!! FEE IS \$50.00

May 19, 2000 Fee will be \$50.00

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	P	<input checked="" type="checkbox"/> Delete
NAME	ACOSTA, REBECCA	
STREET ADDRESS	7155 N, AUGUSTA DRIVE	
CITY-ST-ZIP	MIAMI, FLORIDA 33015	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	ACOSTA, TIMOTHY	
STREET ADDRESS	7155 N. AUGUSTA DRIVE	
CITY-ST-ZIP	MIAMI, FLORIDA 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P/S/T	<input checked="" 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
NAME		
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:

Ivan A. Gomez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Signature Office #

4-19-00