

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90070 033 ***158.75

DOCUMENT # P98000047088**1. Entity Name**
STRUCTURAL MASTER CORP.**Principal Place of Business**
7901 2 25TH AVENUE. BAY #2
HIALEAH FL 33016**Mailing Address**
C/O IVAN A. GOMEZ. P.A.
601 BRICKELL KEY DR STE 507
MIAMI FL 33131**2. Principal Place of Business**
2748 WEST 79 STREET**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HIALEAH, FL**City & State****4. FEI Number** **58-2399189****Applied For**
Not Applicable**Zip**
33016**Country**
U.S.A.**Zip****Country****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****IAG CORPORATE SERVICES, INC**
601 BRICKELL KEY DRIVE, SUITE #507
MIAMI FL 33131**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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **PST** ☐ **Delete**
NAME **ACOSTA, TIMOTHY**
STREET ADDRESS **7155 N AGUUSTA DR**
CITY-ST-ZIP **MIAMI FL 33015****TITLE** ☐ **Change** ☐ **Addition**
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY ACOSTA, PRESIDENT

Date

305-371-9213

Daytime Phone #

CR2E034 (9/01)