

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 12, 2001 8:00 an
Secretary of State

06-12-2001 90001 039 ***550.00

DOCUMENT # P98000052860

1. Entity Name

MAB CONSTRUCTION SYSTEMS, INC.

Principal Place of Business

Mailing Address

4700 S.W. 30 ST.
DAVIE FL 33314
US

11450 N.W. 21ST COURT
PLANTATION FL 33323

2. Principal Place of Business

1580 Sawgrass Corp. Parkway

Suite, Apt. #, etc.

Suite 130

City & State

Sunrise, FL

Zip

33323

Country

U.S.A.

3. Mailing Address

11450 NW 21st Ct.

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33323

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0858744

Applied F

Not Applic

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

^D
BERNAL, MIGUEL JR
11450 N.W. 21ST COURT
PLANTATION FL 33323

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
Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BERNAL, MIGUEL JR.
STREET ADDRESS 11450 N.W. 21ST COURT
CITY-ST-ZIP PLANTATION FL 33323

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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

Date

Daytime Phone #