

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

066875

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000056177

1. Corporation Name

UMA CONSTRUCTION EQUIPMENT CO. INC.

Principal Place of Business

8760 SR 46
MIMS FL 32754

Mailing Address

8760 SR 46
MIMS FL 32754

2. Principal Place of Business

21 8750

Suite, Apt. #, etc.

22 SR 46

City & State

MIMS FL

Zip

32754

Country

25

2a. Mailing Address

26 8750

Suite, Apt. #, etc.

27 SR 46

City & State

28 MIMS FL

Zip

29 32754

Country

30

9. Name and Address of Current Registered Agent

MAHASE, NARDEO
8760 SR 46
MIMS FL 32754

3. Date Incorporated or Qualified

06/22/1998

4. FEI Number

APPLIED FOR.

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

NARDEO MAHASE

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

8750 SR 46

83

MIMS

84 City

FLORIDA

FL

85 Zip Code

32754

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Nardeo Mahase

NARDEO MAHASE

3-14-00

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE

DV

☒ DELETE

NAME

MAHASE, MINTRAPAU

STREET ADDRESS

8760 SR 46

CITY-ST-ZIP

MIMS FL 32754

TITLE

D

☐ DELETE

NAME

MAHASE, CECIL

STREET ADDRESS

8760 SR 46

CITY-ST-ZIP

MIMS FL 32754

TITLE

P

☐ DELETE

NAME

MAHASE, NARDEO

STREET ADDRESS

8760 SR 46

CITY-ST-ZIP

MIMS FL 32754

TITLE

D

☐ DELETE

NAME

D

STREET ADDRESS

8760 SR 46

CITY-ST-ZIP

MIMS FL 32754

TITLE

D

☐ DELETE

NAME

D

STREET ADDRESS

8760 SR 46

CITY-ST-ZIP

MIMS FL 32754

TITLE

D

☐ DELETE

NAME

D

STREET ADDRESS

8760 SR 46

CITY-ST-ZIP

MIMS FL 32754

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DV

☒ Change

☐ Addition

1.2 NAME

DEWDHARRY MAHASE

1.3 STREET ADDRESS

8750 SR 46

1.4 CITY-ST-ZIP

MIMS FL 32754

2.1 TITLE

D

☒ Change

☐ Addition

2.2 NAME

CECIL MAHASE

2.3 STREET ADDRESS

8750 SR 46

2.4 CITY-ST-ZIP

MIMS FL 32754

3.1 TITLE

P

☒ Change

☐ Addition

3.2 NAME

NARDEO MAHASE

3.3 STREET ADDRESS

8750 SR 46

3.4 CITY-ST-ZIP

MIMS FL 32754

4.1 TITLE

D

☐ Change

☐ Addition

4.2 NAME

D

4.3 STREET ADDRESS

8750 SR 46

4.4 CITY-ST-ZIP

MIMS FL 32754

5.1 TITLE

D

☐ Change

☐ Addition

5.2 NAME

D

5.3 STREET ADDRESS

8750 SR 46

5.4 CITY-ST-ZIP

MIMS FL 32754

6.1 TITLE

D

☐ Change

☐ Addition

6.2 NAME

D

6.3 STREET ADDRESS

8750 SR 46

6.4 CITY-ST-ZIP

MIMS FL 32754

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nardeo Mahase
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-24-99

Date

Daytime Phone #

CR2E034 (11/98)

FILED

00 MAR 21 AM 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

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