

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

798000082828

1. Entity Name:

TRIPLE M CONSTRUCTION

Principal Place of Business

Mailing Address

1330 W Industrial Ave
Ste 101

161 NEPTUNE DRIVE
LANTANA, FL 33463

Boynton Beach FL 33426

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

65-0866775

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0069891

05-23-2001 9:11:21 ***150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL -3 PM 2: 04

6. Name and Address of Current Registered Agent

Mark Macchia
161 Neptune Drive
Hypoluxo FL 33463

7. Name and Address of New Registered Agent

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 resigning)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!!

After MAY 1, 2001

Make Check Payable

FEE IS \$150.00

Fee will be \$550.00

to Department of State

10. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mark Macchia 161 Neptune Drive Hypoluxo FL 33463	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy Treas Jennifer Macchia 161 Neptune Drive Hypoluxo FL 33463	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

SP

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 1* or Block 12 (i) 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

5/11/01

(561) 586-0425

Date

Daytime Phone #

CRCE034 (11/00)