

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90055 049 ***150.00

DOCUMENT # P98000082828

1. Entity Name

TRIPLE M CONSTRUCTION, INC.

Principal Place of Business

**1330 WEST INDUSTRIAL AVE., STE 101
 BOYNTON BEACH FL 33426
 US**

Mailing Address

**161 NEPTUNE DRIVE
 LANTANA FL 33462**

2. Principal Place of Business

3. Mailing Address

161 Neptune Drive
 Suite, Apt. #, etc.

161 Neptune Drive
 Suite, Apt. #, etc.

City & State

Hypoluxo FL

City & State

Hypoluxo FL

4. FEI Number

65-0866775

Applied For

Not Applicable

Zip

33462

Country

Palm Bch

Zip

33462

Country

Palm Bch

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

**MACCHIA, MARK
 161 NEPTUNE DRIVE
 HYPOLUXO FL 34462**

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 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **MACCHIA, MARK**
 STREET ADDRESS **161 NEPTUNE DRIVE**
 CITY-ST-ZIP **HYPOLUXO FL 34462**

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

TITLE **ST** ☐ Delete
 NAME **MACCHIA, JENNIFER**
 STREET ADDRESS **161 NEPTUNE DRIVE**
 CITY-ST-ZIP **HYPOLUXO FL 34462**

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)