

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90213 007 ***150.00

UNIFORM
AV

DOCUMENT # P98000092305

1. Entity Name

HMD CONSTRUCTION CORP.

Principal Place of Business

**751 NW 9TH STREET
 HOMESTEAD FL 33030**

Mailing Address

**335 SE 46TH LANE
 CAPE CORAL FL 33904**

2. Principal Place of Business

335 SE 46th

3. Mailing Address

Suite, Apt. #, etc.

City & State

Cape Coral FL

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0871917

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

AMERILAWYER

343 ALMERIA AVENUE

CORAL GABLES FL 33134

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 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

TITLE **PD** ☐ Delete
 NAME **TREJO, HIPOLITO**
 STREET ADDRESS **21405 SOUTHWEST 212 AVENUE 335 SE 46th**
 CITY-ST-ZIP **MIAMI FL 33187 Cape Coral FL 33904**

TITLE **STD** ☐ Delete
 NAME **TREJO, MARIZELA P**
 STREET ADDRESS **21405 SOUTHWEST 212 AVENUE 335 SE 46th**
 CITY-ST-ZIP **MIAMI FL 33187 Cape Coral FL 33904**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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

4/21/02

Date

Daytime Phone #

CR2E034 (9/01)