

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000003898**

1. Entity Name

MASTEC ECUADOR, INC.

Principal Place of Business

**3155 NORTHWEST 77TH AVENUE
MIAMI FL 33122**

Mailing Address

**3155 NORTHWEST 77TH AVENUE
MIAMI FL 33122**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525****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, 2001 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	D	<input type="checkbox"/> Delete
NAME	MAS, JORGE	
STREET ADDRESS	3155 NORTHWEST 77TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOEL-TONAS, CITRON	
STREET ADDRESS	3155 NORTHWEST 77TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	SARIEGO, JOSE M	
STREET ADDRESS	3155 NORTHWEST 77TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SABATER, CARMEN	
STREET ADDRESS	3155 NORTHWEST 77TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	ALVAREZ, PABLO	
STREET ADDRESS	3155 NORTHWEST 77TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAMON, NANCY J	
STREET ADDRESS	3155 NORTHWEST 77TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33122	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joel-TONAS CITRON	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARMEN SABATER 4/27/01

Date

Daytime Phone #

(305) 599-1800**FILED**
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90109 002 ***150.00

C0059950

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0890228**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

CR2E034 (10/00)