

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031347

1. Entity Name

MIAMI STRUCTURAL CONSTRUCTION COMPANY

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90081 044 ***150.00

Principal Place of Business

1401 PONCE DE LEON BLVD. SUITE 401
CORAL GABLES FL 33134

Mailing Address

1401 PONCE DE LEON BLVD. SUITE 401
CORAL GABLES FL 33134-4060

00047357



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. BOX 165820
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 165820
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0966204

Applied For

Not Applicable

Zip

33116

Country

USA

Zip

33186

Country

USA

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

Name

VICTOR F. SEIJAS

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

13699 S.W. 142 TERRACE

City

MIAMI

FL

Zip Code

33186

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

March 20/00

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	SEIJAS, VICTOR	
STREET ADDRESS	1401 PONCE DE LEON BLVD, SUITE 401	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VINAS, ROBERTO	
STREET ADDRESS	1401 PONCE DE LEON BLVD, SUITE 401	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SANCHEZ, RAMON C	
STREET ADDRESS	1401 PONCE DE LEON BLVD, SUITE 401	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

03/22/00

Date

(305) 378-0123

Daytime Phone #

CR2E034 (9/99)