

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90430 046 \*\*\*150.00

DOCUMENT # p99000079340

1. Entity Name

MESTRE ENTERPRISES, INC.

**DO NOT WRITE IN THIS SPACE**

636455

2. Principal Place of Business

14201 SW 248th Street

Suite, Apt. #, etc.

3. Mailing Address

2650 Biscayne Boulevard

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Homestead, Florida

City & State  
Miami, Florida

4. FEI Number  
65-0381143

Applied For  
Not Applicable

Zip  
33032

Country  
USA

Zip  
33137

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Neal L. Sandberg, Esquire

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

2650 Biscayne Boulevard

City

Miami

FL

Zip Code  
33137

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Director  
Tomas A. Mestre  
14201 SW 248th Street  
Homestead, FL 33032

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/02 3056621927

CR2E034B (12/01)