

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2001 8:00 am**  
**Secretary of State**

08-15-2001 90001 012 \*\*\*150.00

**DOCUMENT # P99000105379**

1. Entity Name

**WIRE LATH WORK CONSTRUCTION, INC.**

Principal Place of Business

**3620 N.W. 30TH AVENUE #B213  
 MIAMI FL 33142**

Mailing Address

**3620 N.W. 30TH AVENUE #B213  
 MIAMI FL 33142**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0965979**

Applied For

Not Applicable

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

**MENDOZA, MARTIN  
 3620 N.W. 30TH AVENUE #B213  
 MIAMI FL 33142**

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 **PD** ☐ Delete  
 NAME **MENDOZA, MARTIN**  
 STREET ADDRESS **3620 N.W. 30TH AVENUE #B213**  
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (10/00)

August 07, 2001.

FLORIDA DEPARTMENT OF STATE  
Katherine Harris, Secretary of State.  
Division of Corporation  
P.O. Box 6327 Tallahassee, FL 32314.

*Attachment*

Re: Corporate Annual Fee # P99000105379

Dear Secretary of State:

The Purpose of this letter is to request an exemption of penalty for late payment of WIRE LATH WORK CONSTRUCTION, INC.

The late payment was because our mail was giving to another address and other important documents were lost, we find this document on this date and we are sending to you the annual fee payment for \$150.00

We are soliciting said exemption because our business is on difficult economic situation, we are closed yet for Business License and local, and we hope from you a favorable decision for us in this case assistance.

Should you have any question regarding this case, please call me at telephone number (305) 633-1896.

WIRE LATH WORK CONSTRUCTION, INC

  
MARTIN MENDOZA (P=)