

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**  
 05-10-2000 90182 035 \*\*\*150.00

**DOCUMENT # S10033**  
 Entity Name  
**MASTIFF ENGINEERING CORPORATION**

Principal Place of Business  
 107 S. W. 92 AVENUE  
 FL 33176

Mailing Address  
 9301 S. W. 92 AVENUE  
 A-107  
 MIAMI FL 33186-6822  
 US

Principal Place of Business  
 10334 SW 139 PLACE  
 Suite, Apt. #, etc.

3. Mailing Address  
 10334 SW 139 PLACE  
 Suite, Apt. #, etc.

City & State  
 MIAMI, FL

City & State  
 MIAMI, FL

Zip  
 33186

Country  
 USA

Zip  
 33186

Country  
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0224132** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent  
 REYES, ANTONIO  
 9301 S.W. 92 AVENUE  
 A-107  
 MIAMI FL 33176

7. Name and Address of New Registered Agent  
 Name **ANTONIO REYES**  
 Street Address (P.O. Box Number is Not Acceptable) **10334 SW 139 PLACE**  
 City **MIAMI** FL **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 *Antonio Reyes* **ANTONIO REYES** 4/28/2000  
 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DP REYES, ANTONIO 9301 SW 92 AVENUE, A-107 MIAMI FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANTONIO REYES 10334 S.W. 139 PLACE MIAMI, FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Antonio Reyes* **ANTONIO REYES, PRESIDENT** 4/28/2000 305-383-5586  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)