

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90146 023 ***150.00

DOCUMENT # V 21560

1. Entity Name

MAINSTREAM CONSTRUCTION, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12300 132ND COURT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip 33186

Country

DADE

3. Mailing Address

40 JEREMY SHAPIRO

Suite, Apt. #, etc.

1541 BRICKELL AVE SUITE 1504

City & State

MIAMI, FL

Zip

33129

Country

DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0319212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JEREMY SHAPIRO

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

1541 BRICKELL AVE, SUITE 1504

City

MIAMI, FL

FL

Zip Code

33129

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 reconstituting)

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 DP
NAME SHAPIRO, JEREMY
STREET ADDRESS 1541 BRICKELL AVE. SUITE 1504
CITY - ST - ZIP MIAMI, FL 33129

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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

JEREMY SHAPIRO

Date

4/14/02

Daytime Phone #

CR2E034B (12/01)