FILED

Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE! OR DIRECTOR

## Jun 02, 2001 8:00 am **DOCUMENT # L88940** Secretary of State 1. Entity Name 06-02-2001 90005 012 \*\*\*150.00 BIG APPLE DEMOLITION REMOVAL, INC. Principal Place of Business Mailing Address 3500 NW 51ST STREET 3500 NW 51ST STREET MIAMI FL 33142 MIAMI FL 33142 US US 3. Mailing Address 2. Principal Place of Business 5150 NW 79th Court 9th Court 150 Nu Suite, Apt. #. etc. # 195 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0209277 Miami Laker Not Applicable \$8.75 Additional 5, Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAROZA, ROBERTO Street Address (P.O. Box Number is Not Acceptable) 4900 NW 36TH AVE. **MIAMI FL 33142** 16280 NUIGHA City Pembroke Pines 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTI Reg stered Agent signature required when reinstating) DATE FILE NOW! I FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 20 )1 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payal 'e to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ST, P Sarozu, Robert CR2E034 (10/00) Change Addition | TITLE ☐ Delete TITLE SAROZA, ROBERT NAME 16280 NW at Drive 1000 EAST 8TH CT. STREET ADDRESS STREET ADDRESS Pembroke Pines FL 3302 CITY - ST - ZIP CITY-ST-ZIP HIALEAH FL 33010 TITLE Delete TITLE Addition TAPANES, D. NAME NAME STREET ADDRESS 241 N.W. 1ST AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33028 Addition TITLE TITLE ☐ Change SAROZA, ROBERTO NAME NAME STREET ADDRESS 4900 NW 36TH AVE STREET ADORESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify fir 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 expowered 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 additional statute of the corporation of the corporati

## Attachment

(ele 0940 Fromment # LQ8 940

May 25, 2001

Department of State Division of Corporations P. O. Box 1500 Tallahassee, FL 32302

Ref:

Big Apple Demolition Removal

FEI No. 65-0209277

Attn: Uniform Business Report Filings

Due to our change of address, we did not receive the original form in a timely manner. We are enclosing our form and check for \$150.00.

Sincerely,

Robert Saroza