

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90042 041 ***150.00

0301875 AV

DOCUMENT # M60982
 1. Entity Name
COLE CONSTRUCTION & MILLWORK CORPORATION

| | |
|---|---|
| Principal Place of Business C/O KIM COLE 12446 S.W. 128 ST. MIAMI FL 33186 | Mailing Address PO BOX 562725 MIAMI FL 33256-2725 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|--|---------------------|
| 2. Principal Place of Business 10425 SW 188 ST | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|----------------------------------|--------------|------------------------------------|--|
| City & State MIAMI, FL | City & State | 4. FEI Number 59-2851718 | Applied For <input type="checkbox"/> Not Applicable |
|----------------------------------|--------------|------------------------------------|--|

| | | | | |
|---------------------|------------------------|-----|---------|---|
| Zip 33157 | Country DADE | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|---------------------|------------------------|-----|---------|---|

6. Name and Address of Current Registered Agent

COLE, KIM
12446 S.W. 128 ST.
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable)
10425 SW 188 ST
 City **MIAMI** **FL** Zip Code **33157**

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 _____ (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, 2002 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 | D COLE, KIM 12446 SW 128 ST. MIAMI FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS 10425 SW 188 ST MIAMI, FL 33157 |
| 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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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 _____ **3/29/02** **305-232-5950**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)