

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

0241445 AV

05-20-2002 90323 001 \*\*\*300.00

**DOCUMENT # P01000020214**

1. Entity Name  
**FLORIDA DEMOLITION, INC.**

Principal Place of Business  
**7520 NW 7TH AVE**  
**MIAMI FL 33150**

Mailing Address  
**7520 NW 7TH AVE**  
**MIAMI FL 33150**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

- Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**651098509**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DOLNIER, PAUL M**  
**7520 NW 7TH AVE**  
**MIAMI FL 33150**

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, 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  Delete  
**PST**  
 NAME **ARENA, ROBERT**  
 STREET ADDRESS **7520 NW 7TH AVE**  
 CITY-ST-ZIP **MIAMI FL 33150**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VP**  
 STREET ADDRESS **WOOD, ALLEN**  
 CITY-ST-ZIP **4801 SILVER PALM DRIVE**  
**SEBRING FL 33870**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Delete  
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 CITY-ST-ZIP

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: *Robert Arena* **Robert Arena**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-20-02** **305-333-1109**  
 Date Daytime Phone #

CR2E034 (9/01)

attachment #

J34782

4-30-02

Dear Sirs,

I have been trying to electronically file for two days and have not been able to get through to your website. I went to the UBR and put in my access codes for both corporations and just got back to please try again later. I tried till approx 10 p.m. both days and was finally frustrated. I hope you will not penalize me for this. Any questions please call at 305 333-1109.

Sincerely,

Robert Arena