

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90147 014 \*\*\*158.75

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



2. Principal Place of Business  
3600 So. ST. RD 7 #44  
Suite, Apt. #, etc.

3. Mailing Address  
3600 So ST RD 7  
Suite, Apt. #, etc.  
#44

CHECK HERE IF MAKING CHANGES

City & State  
Miramar Fla

City & State  
Miramar Fla

4. FEI Number 65-1078509

Applied For  
Not Applicable

Zip Country  
33023 USA

Zip Country  
33023 USA

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	V	<input type="checkbox"/> Delete
NAME	CASPANELLO, RICHARD	
STREET ADDRESS	5400 S. UNIVERSITY DR., STE. 110	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WOOD, ALLEN	
STREET ADDRESS	4801 SILVER PALM DRIVE	(deceased)
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	President	<input type="checkbox"/> Delete
NAME	Robert Arena	
STREET ADDRESS	323 Fillmore St	
CITY-ST-ZIP	Hollywood Fl 33019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Arena	
STREET ADDRESS	323 Fillmore St	
CITY-ST-ZIP	Hollywood Fl 33019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Arena **SIGNATURE REQUIRED** Robert Arena 2-4-03 305-333-1109  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (10/02)

Attachment

# P8100020214

33003887

Dear Sir,

Could you please send me a copy of  
listed officers with certificate of status for  
licensing purpose

Robert Allen, Pres