

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90111 026 ***150.00

DOCUMENT # P98000032187

1. Entity Name
BIANCO CONSTRUCTION, INC.

Principal Place of Business

**7510 MIAMI VIEW DR
 N. BAY VILLAGE FL 33141**

Mailing Address

**7510 MIAMI VIEW DR
 N. BAY VILLAGE FL 33141-4035**

2. Principal Place of Business

3960 SW 61 Ave
 Suite, Apt. #, etc.

3. Mailing Address

3960 SW 61 Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL 33314

4. FEI Number

65-0825383

Applied For

Not Applicable

Zip

Country

33314

Broward

Zip

Country

33314

Broward

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GREENE, RICHARD P
 2455 EAST SUNRISE BLVD. STE. 905
 FORT LAUDERDALE FL 33304**

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BIANCO, LOUIS D	
STREET ADDRESS	7510 MIAMI VIEW DR	
CITY-ST-ZIP	N. BAY VILLAGE FL 33141	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BIANCO, DOMINICK	
STREET ADDRESS	7510 MIAMI VIEW DR	
CITY-ST-ZIP	N. BAY VILLAGE FL 33141	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bianco, Louis D.	
STREET ADDRESS	3960 SW 61 Ave.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33314	
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		

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3-15-00** Daytime Phone #: **(954) 214-4394**

CR2E034 (9/99)