

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90134 034 ***150.00

DOCUMENT # P98000062672

1. Entity Name

GREGAN CONSTRUCTION CORP.

Principal Place of Business

Mailing Address

5008 ALHAMBIC CIRCLE
 CORAL GABLES FL 33146

5008 ALHAMBIC CIRCLE
 CORAL GABLES FL 33146

2. Principal Place of Business

3. Mailing Address

7003 N. Waterway Dr
 Suite, Apt. # etc.
Suite #210

7003 N. Waterway Dr
 Suite, Apt. #, etc.
Suite #210

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number **65-0851694**

Applied For
 Not Applicable

Zip *33155* Country *Dade*

Zip *33155* Country *Dade*

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

GOUDIE, EDUARDO
 5008 ALHAMBIC CIRCLE
 CORAL GABLES FL 33141

Name *Goudie, Eduardo*
 Street Address (P.O. Box Number is Not Acceptable)
7003 N. Waterway Drive
Suite #210
 City *Miami* FL Zip Code *33155*

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *1/19/00*

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD <input type="checkbox"/> Delete
NAME	GOUDIE, EDUARDO G
STREET ADDRESS	540 SAN ESTEBAN
CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE	SVD <input type="checkbox"/> Delete
NAME	GOUDIE, JOSEPH A
STREET ADDRESS	540 SAN ESTEBAN
CITY-ST-ZIP	CORAL GABLES FL 33146
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>5008 Alhambra Circle</i>
CITY-ST-ZIP	<i>Coral Gables, FL 33146</i>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>7003 N. Waterway Dr</i>
CITY-ST-ZIP	<i>Miami, FL 33155</i>
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

Daytime Phone #

CRZE034 (9/99)