

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90043 001 ***150.00

DOCUMENT # V65030

1. Entity Name

ARRAY CONSTRUCTION, INC.

Principal Place of Business

3722 DUCK AVE
 KEY WEST FL 33040
 US

Mailing Address

3842 N. JANSSEN
 APT #2
 CHICAGO IL 60613-3708
 US

710300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2027 Flagler Ave
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Key West Florida

City & State

4. FEI Number **65-0359946**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

Zip **33040**

Country **U.S.A**

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

URBANIK, AXEL
 3722 DUCK AVE
 KEY WEST FL 33040

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

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/2000

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	PERKINS, AARON	3642 N JAMSSSEN AVE	CHICAGO FL 60613	<input type="checkbox"/>
	<i>v.p. Axel Urbanik</i>	<i>2027 Flagler Ave</i>	<i>Key West Fla. 33040</i>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

[Handwritten Signature] **Aaron Perkins**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/27/00 **312-942-3537**

Date

Daytime Phone #