2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # 380694 Jan 19, 2000 8:00 am **Secretary of State** STEDMAN CONSTRUCTION CORP. 01-19-2000 90124 018 ***150.00 Principal Place of Business Mailing Address 11745 SW 91 TERR. 11745 SW 91 TERR. MIAMI FL 33186 MIAMI FL 33186-2154 2. Principal Place of Business 9138 S.W. 118 3. Mailing Address 9138 'S.W. 118 Ct. Ct. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1687926 Not Applicable Miami <u>Miami.</u> Country \$8.75 Additional Country Zip 33186 Zip 33186--5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Stedman, Jr. STEDMAN JR., C.E. Street Address (P.O. Box Number is Not Acceptable) 11745 SW 91 TERR. 9138 S.W. 118 Court MIAMI FL 33186 Zip Code Miami 33186 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do sq After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President⁻ Addition ☐ Delete TITLE TITLE Stedman, Jr. C.E. 9138 S.W. 118 Ct. NAME STEDMAN JR.C E NAME STREET ADDRESS STREET ADDRESS 11745 SW 91 TERR --CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Miami, FL 33186 Addition ☐ Change STD ☐ Delete TITLE TITLE NAME PELTZ, FERDE NAME STREET ADDRESS STREET ADDRESS 344 NE 167 ST CITY-ST-ZIP CITY-ST-ZIP N MIAMI-BEACH, FL □ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Chanter 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 enpowered.