FILED

2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 14, 2002 8:00 am DOCUMENT # 385234 **Secretary of State** 1. Entity Name 03-14-2002 90050 002 ***158.75 VARIETY CONSTRUCTION CO. Principal Place of Business Mailing Address 2345 W. HILLSBORO BLVD., \$-101 2345 W. HILLSBORO BLVD., S-101 DEERFIELD BEACH FL 33442-1298 DEERFIELD BEACH FL 33442-1298 2. Principal Place of Business 3. Mailing Address SUITE VARIETY CONSTRUCTION CO. VARIETY CONSTRUCTION CO. DO NOT WRITE IN THIS SPACE 837 S.E. 8th Ave. <u>837 S.E. 8th Ave</u> City & State Suite 202 Suite 202 City & State Applied For 4. FEI Number 59-1414927 Deerfield Bch., FL 33441 Deerfield Bch., FL 3344 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDERSON.MICHAEL R Street Addr (P.O. Box Number is Not Acceptable) 2345 W. HILLSBORO BLVD., #101 **DEERFIELD BEACH FL 33442** 3 441 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, typed or p 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 so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11: OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PDT Addition ☐ Delete TITLE CR2E034 (9/01) GarvaniAN NAME ANDERSON, MICHAEL R NAME 37 SE 8 Avo. Suite 202 STREET ADDRESS 2345 W HILLSBORO BLVD, STE 101 STREET ADDRESS CITY-ST-ZIP DEERFIELD BCH FL CITY-ST-ZIP TITLE. ☐ Delete TITLE ☐ Addition NAME GORE, ROBERT J. NAME 37 5E STREET ADDRESS 2345 W HILLSBORO BLVD, STE 101 STREET ADDRESS CITY-ST-ZIP 33441 DEERFIELD BCH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition chael R. Anderson NAME Thomas Garvanian NAME STREET ADDRESS STREET ADDRESS 837 SE 8AUR. 54:42 202 37 S.E. CITY-ST-ZIP CITY-ST-ZIP Dear Field Bch. Fl. 73441 3441 TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with

Chael R. Anderson 3/4,