2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Mar 15, 2000 8:00 am Secretary of State DOCUMENT # 517401 M. P. D'ERRICO & SONS OF FLORIDA, INC. 03-15-2000 90067 011 ***150.00 Principal Place of Business Mailing Address 2428 E. SUNRISE BLVD 2428 E SUNRISE BLVD FTL LAUDERDALE FL 33304-3130 FT LAUDERDALE FL 33304 HS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1787985 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent D'ERRICO, SILVIA A. 2439 RALEIGH ST HOLLYWOOD FL 33020 of changing its registered o both, in the State of Florida. ubmits this stater 8. The above name SIGNATURI FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. 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. ☐ Change ☐ Addition ☐ Defete TITLE TITLE D'ERRICO, MARCEL NAME STREET ADDRESS 2439 RALEIGH ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE D'ERRICO, STEFANIA R NAME NAME STREET ADDRESS 2439 RALEIGH ST STREET ADDRESS C!TY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITI F D'ERRICO, SILVIA A NAME 2439 RALEIGH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLYWOOD FL Addition ☐ Change ☐ Delete TITLE TITLE D'ERRICO, DINO NAME NAME STREET ADDRESS 2439 RALEIGH ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE D'ERRICO, MARCELLO J NAME NAME 2439 RALEIGH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 used accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct of execute His report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 Block indicated on this report or supplemental report is true of the corporation or the receiver or trustee empoy changed, or on an attachment with an address, w all other li