

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 526065

1. Entity Name

HOWE CONSTRUCTION COMPANY, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90116 023 ***150.00

Principal Place of Business

Mailing Address

9990 SW 77 AVENUE

11767 SOUTH DIXIE HIGHWAY

PH-1

SUITE 353

MIAMI FL 33156

MIAMI FL 33156-4438

US

2. Principal Place of Business

3. Mailing Address

6465 S Mitchell Manor Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#353

City & State
Pinecrest, FL

City & State

#

Zip

Country

33156

USA

Zip

Country

4. FEI Number

59-1726192

Applied For

Not Applicable

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

ARNOWITZ, JUDD
1111 LINCOLN RD
STE 802
MIAMI BEACH FL 33039

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33139

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 P ☐ Delete
NAME HOWE, JAMES A
STREET ADDRESS 9990 SOUTHWEST 77TH AVE, PH-1
CITY-ST-ZIP MIAMI FL 33156

TITLE Same ☒ Change ☐ Addition
NAME Same
STREET ADDRESS 6465 S. Mitchell Manor Circle
CITY-ST-ZIP Pinecrest, FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

James A. Howe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)