

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 545355

1. Entity Name

ERA CONSTRUCTION, INC. OF PALM BEACH

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90033 016 ***150.00

Principal Place of Business

3400 W. 45TH ST. WEST PALM BEACH, FL
PALM BEACH GARDENS FL 33407

Mailing Address

3400 W. 45TH ST. WEST PALM BEACH, FL
PALM BEACH GARDENS FL 33407-1844

2. Principal Place of Business

3400 W 45th street

3. Mailing Address

3400 W. 45th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

west Palm Beach, FL

City & State

WEST PALM BEACH, FL

4. FEI Number

59-1771112

Applied For

Not Applicable

Zip

33407 Palm Beach

Zip

33407 PALM BEACH

Country

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

HRAWG CORP.
2000 GLADES ROAD, SUITE 400
BOCA RATON FL 33431

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

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SERIFSOY, ATAGUN	
STREET ADDRESS	13708 WHISPERING LK. LN.	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATAGUN SERIFSOY	
STREET ADDRESS	530 S. LAKESIDE DR.	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATAGUN SERIFSOY

Date

Daytime Phone #

1/3/2000 561-471-7157

CR2E034 (9/99)