## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment

SIGNATURE:

address, with all other like empo

## **DOCUMENT # 669848** Apr 25, 2000 8:00 am Secretary of State 1. Entity Name GEORGE VEIT CONSTRUCTION, INC. 04-25-2000 90075 007 \*\*\*150.00 Principal Place of Business Mailing Address 2130 JOHNSON ST. 616 S.W. 4TH AVE. HOLLYWOOD FL 33020 HALLANDALE FL 33009-6242 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #. etc. City & State City & State 4. FEI Number Applied For 59-2001516 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOULFE, RICHARD T. ESQ. Street Address (P.O. Box Number is Not Acceptable) 888 E. LOS OLAS BLVD. SUITE 400 FORT LAUDERDALE FL 33301 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 --- FILE NOW!!! FEE IS:\$150.00 --9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD ☐ Change ☐ Addition ☐ Delete TITLE TITLE VEIT, IV. GEORGE NAME NAME STREET ADDRESS STREET ADDRESS 616 S.W. FOURTH AVE. CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME VEIT, III, GEORGE NAME STREET ADDRESS STREET ADDRESS 401 S.W. 7TH ST. CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP , Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

4-18-00