FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 23, 2002 8:00 am Secretary of State

DOCUMENT # 609848 1. Entity Name George Veit Construction Inc.					04-23-2002 90440 037 ***150.00		
ļ	DO NOT WRITE	E IN THIS S	PAC	E			
2. Principal P	Place of Business	3. Mailing Address			_		
Suite, Apt.	Johnson St.	616 S.W. 4th Ave			DO NOT WRITE	IN THIS SPACE	<u>:</u>
Circ. P. Co.					نتاه د بشن بالمستعربة متباغ ريحة ساجيتونيالية السياب التعليب والمتعلق المتعاديات		
City & State Hollywood, Fla.		Hallandale, Fla.			4. FEI Number 59 – 2001516	,	Applied For Not Applicable
z _{ip} 3302	Country 0 USA	Zip 33009	Country USA		5. Certificate of Status Desired S8.75 Additional Fee Required		
				Name	7. Name and Address of Current Ro	egistered Agen	ıt
DO NOT WRITE					k Woulfe P.O. Box Number is Not Acceptable)		
IN THIS SPACE				888 E. Las Olas Blvd.			
		ACL				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
*			City Ft. Lau		uderdale	FL 3	p Code 3 3 0 1
8. The above	named entity submits this statement f	or the purpose of changing it	s registere		tered agent, or both, in the State of Florid	ta.	
CICNATURE	•						
SIGNATURE .	Signature, typed or printed name of registered agen	and title if applicable. (NO	TE: Registere	d Agent signature requ	red when reinstating)	DATE	
Tax filing i	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back).	e January 1 After: Ma Amend Make Check Paya	v 1. Fee l	e is \$150.00 \$ \$550.00 \$ \$61.25 partment of S	10. Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees
11.	OFFICERS AND	DIRECTORS					
name	Pres.		TITLE NAME	i i			
STREET ADDRESS	George Veit 616 S.W. 4th Av			ET ADDRESS			
CITY-ST-ZIP TITLE	Hallandale, Fla.		3009 CITY-ST-20P				
NAME			NAMI				
STREET ADDRESS CITY-ST-ZIP				ET ADORESS -ST-ZIP	•		
TITLE			TITLE				
NAME			NAMI				
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TITLE			TITLE			_	
NAME			NAM		IN THIS S	PACE	ŀ
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP			
TITLE			TITLE		, <u>, , , , , , , , , , , , , , , , , , </u>		
NAME	•		· NAME		* • • • • • • • • • • • • • • • • • • •		
STREET ADDRESS CITY-ST-ZIP				et adoress St-zip			
TITLE			THILE				
NAME			NAME	· I			
STREET ADDRESS CITY-ST-ZIP				ST-ZIP			
	I	th this filing does not qualify for			Section 119.07(3)(i), Florida Statutes. I fu e same legal effect as if made under oat	rther certify tha	t the information
indicated of the cor	on this report or supplemental report in portation or the receiver or trustee empty with an address with all other like a	is true and accurate and that powered to execute this repo monwered.	my signat ort as requ	ure shall have th iired by Chapter	e same legal effect as if made under oat 607, Florida Statutes; and that my name	h; that I am an d e appears in Bk	otticer or director ock 11 or on an