

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

0039438

05-14-2001 90212 038 ****61.25

DOCUMENT # 766151

1. Entity Name

MIAMI CHAPTER OF CONSTRUCTION SPECIFICATIONS INS

Principal Place of Business

Mailing Address

848 NE 100 ST
 MIAMI FL 33138
 US

848 NE 100 ST
 MIAMI FL 33157
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2797273

Applied For

Not Applicable

Zip

Country

Zip

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

SCHAFMEISTER
848 NE 100 ST
MIAMI SHORES FL 33138

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUESDELL, DAVID 14817 SW 124 PL MIAMI FL 33186	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KYRYLUK, JENNIE A 6526 SW 20 STREET MIAMI FL 33155	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WYNNEMER, MARK 5879 SUNSET DR SUITE 2 S MIAMI FL 33143	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RREITZES, JONATHAN 781 NW 175 AVE PEMBROKE PINES FL 33029	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLLINS, R B 12266 SW 145 ST MIAMI FL 33186	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEY, HUGO 360 GRECO AVE SUITE 101 CORAL GABLES FL 33146	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARK Wynnemer 116 ALHAMBRA Circle Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Tom Heineman 10810 SW 75 ST MIAMI, FL 33173	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Debora Fields 2780 Sw Douglas Rd. MIAMI, FL 33134	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	☒ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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
JENNIE A. Kyryluk 4-30-01 305/444-468

Date Daytime Phone #

CR2E037 (10/00)