

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 823128

1. Entity Name

AMREP CONSTRUCTION CORP.

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

05-03-2000 90112 029 \*\*\*150.00

Principal Place of Business

2300 ECON CIR  
ORLANDO FL 32817  
US

Mailing Address

PO BOX 677639  
ORLANDO FL 32867-7639  
US

2. Principal Place of Business  
1406 Hays Street

3. Mailing Address c/o Nat'l Corp.  
Research Ltd., Inc., 1406 Hays Street

Suite, Apt. #, etc.  
Suite 2

Suite, Apt. #, etc.  
Suite 2

City & State  
Tallahassee, FL

City & State  
Tallahassee, FL

Zip  
32301

Country

Zip  
32301

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 85-0206809

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

NATIONAL CORPORATE RESEARCH, LTD, INC.  
1406 HAYS STREET  
SUITE 2  
TALLAHASSEE FL 32301

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 TPD  
NAME WALL, JAMES  
STREET ADDRESS 333 RIO RANCHO DR. N.E.  
CITY-ST-ZIP RIO RANCHO NM ☐ Delete

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

TITLE VPD  
NAME VACHANI, MOHAN  
STREET ADDRESS 641 LEXINGTON AVE., 6TH FL  
CITY-ST-ZIP NY NY ☐ Delete

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

TITLE VPD  
NAME BUCKLEY, W. D  
STREET ADDRESS 333 RIO RANCHO DR., N.E.  
CITY-ST-ZIP RIO RANCHO MN ☒ Delete

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

TITLE SC  
NAME SULLIVAN, GARY L  
STREET ADDRESS 333 RIO RANCHO DR., N.E.  
CITY-ST-ZIP RIO RANCHO NM ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: *Mohan Vachani* MOHAN VACHANI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00 505-896-9034  
Date Daytime Phone #

CR2E034 (9/99)