## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## F95589 **DOCUMENT #**

1. Entity Name

BUILDING ADMINISTRATION INC.



## **FILED** Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90160 018 \*\*\*150.00

				-	- 1				
	ce of Business HENNISSEY III	Mailing Address C/O JOHN H HENNISSEY III							
2101 SW 13 /	AVE	2101 SW 13 AVE							
MIAMI FL 331	45	MIAMI FL 33145			- 1	1	HALL BURNE BLANK F	1416 11811 1186	
US		US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			$\dashv$	CHECK HERE IF MAKING CHANGES			
						GILLON TIENE II MANING CHANGES			
City & State		City & State			7.4.	*4. FEI Number 59-2241678		pplied For lot Applicable	
Zip Country		Zip	Zip Countr				\$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent			7.	Name and Address of New Registered	Agent		]
HEMMEGO	SEY, JOHN H III			Name					
2101 SW	·	Street Address			s (P.O. E	(P.O. Box Number is Not Acceptable)			
MIAMI FL	í 🤃								-
***************************************	3 ·								_
Ela . co				City		FL	_ ,		ı
<b>8.</b> The above the obliga	itions of registered algent.	r the purpose of changing it	s registere	ed office or regis	stered ag	gent, or both, in the State of Florida. I am	familiar with.	, and accept	1
SIGNATURE	Signature, typed or printer name of registered agent		T. D						
· · · · · · · · · · · · · · · · · · ·		and title if applicable. (NO	TE: Hegistered	d Agent signature requ	ared when r	reinstating) DATE			1
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department o		State				Election Campaign Financing     Trust Fund Contribution.  [		<b>00</b> May Be d to Fees	
10.	OFFICERS AND DIRECTORS 11				Αſ	L	DIRECTOR	RS IN 11	-
TITLE	PD Detet		TITLE				☐ Change	Addition	1 8
NAME	HENNESSEY, JOHN H. 7777		NAME	Ε			_ •		3
STREET ADDRESS	2101 SW 13 AVE		STRE	ET ADDRESS					1
CITY-ST-ZIP	MIAMI FL 33145		CITY-	-ST-ZiP					1 8
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	16
NAME STREET ADDRESS			NAME	ET ADDRESS &					\
CITY-ST-ZIP		, w w		-ST-ZIP	* '	,		•	
TITLE		☐ Delete	TITLE			<del></del>	☐ Change	☐ Addition	1
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STREET ADDRESS	1		STREE	ET ADDRESS					
CITY-ST-ZIP				ST-ZIP					
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NAME			NAME						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					1
TITLE		☐ Delete	TITLE				Change	Addition	1.
NAME			NAME	1					ľ
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				ST-ZIP					-
TITLE NAME		☐ Delete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS				T ADDRESS					}

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 607, 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP