

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G57130

1. Entity Name

LAVISH CONSTRUCTION CORPORATION

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90067 048 ***150.00

Principal Place of Business

Mailing Address

701 MORINGSIDE DRIVE
MIAMI SPRINGS FL 33166

701 MORINGSIDE DRIVE
MIAMI SPRINGS FL 33166

000400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2312722

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

BENSON, ARTHUR
13501 SW 84 AVE
MIAMI FL 33156

Name **Gerald E. CREASMAN, CPA**
Street Address (P.O. Box Number is Not Acceptable)
9245 SW 157 ST. #105
City **MIAMI** FL Zip Code **33157**

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 *Gerald E. Creasman, CPA*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/12/00

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 ☐ Delete
NAME **P**
STREET ADDRESS **LAVISH, DANA BRUCE**
CITY-ST-ZIP **701 MORINGSIDE DRIVE**
MIAMI SPRINGS FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Sec**
STREET ADDRESS **Bruce M. Bradbury**
CITY-ST-ZIP **9740 HAWTHORN DRIVE**
MIAMI, FL 33157

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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 114, 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: *Dana B. Lavish*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANA B. LAVISH

OFFICIAL NOTARY SEAL
ELOUISE BUTLER
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. C070172114
MY COMMISSION EXP. DEC. 5, 2002

Daytime Phone #

2000-2305-888-8551