

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

02-01-2000 90137 043 ***150.00

DOCUMENT # H08910

1. Entity Name

FERAZZOLI CONSTRUCTION CORP.

Principal Place of Business

% ANTONIO FERAZZOLI
 111 SE 29TH AVE
 BOYNTON BEACH FL 33435
 US

Mailing Address

% ANTONIO FERAZZOLI
 111 SE 29TH AVE
 BOYNTON BEACH FL 33435-8222
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2457307

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

FERAZZOLI, ANTONIO
111 SE 29TH AVE.
BOYNTON BCH. FL 33435

7. Name and Address of New Registered Agent

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

Antonio Ferazzoli

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/26/00

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

TITLE **D** ☐ Delete
 NAME **FERAZZOLI, ANTONIO**
 STREET ADDRESS **111 S.E. 29TH AVENUE**
 CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **D** ☐ Delete
 NAME **FERAZZOLI, LORETO**
 STREET ADDRESS **7750 NE 8TH WAY**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **STD** ☐ Delete
 NAME **FERAZZOLI, MARIA**
 STREET ADDRESS **111 S.E. 29TH AVENUE**
 CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **D** ☐ Delete
 NAME **PALACINO, JOSEPH**
 STREET ADDRESS **695 N.E. 93RD STREET**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 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 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:

Antonio Ferazzoli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #