## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED DOCUMENT # H10806** May 08, 2000 8:00 am Secretary of State **R.D.L. CONSTRUCTION CORPORATION** 05-08-2000 90002 010 \*\*\*150.00 Mailing Address Principal Place of Business ~ MANGED 3170 NORTH FEDERAL HIGHWAY 206-B 1601 S.W. 1ST WAY D-12 LIGHTHOUSE POMT YL 33064-6720 DEERFIELD BCH. FL 33441 2. Principal Place of Business 3. Mailing Address 601 5.W. 1601 S.W. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. カーバン 10-12 City & State Applied For City & State 4. FEI Number 59-2433279 DEEKFIELD BEACH DEENFIELD BEACH, Not Applicable Country \$8.75 Additional <sup>Zip</sup> **3344**/ 5. Certificate of Status Desired 3344/ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARRATT, HARRY G. Street Address (P.O. Box Number is Not Acceptable) 2601 E. OAKLAND PARK BLVD. SUITE 500 FT. LAUDERDALE FL 33306 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees $\Box$ (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITI F ☐ Change ☐ Addition DP TITLE □ Delete NAME NAME MASULA, ROBERT L. STREET ADDRESS STREET ADDRESS 1967 SW 7TH COURT CITY-ST-7/P CITY-ST-ZIP **BOCA RATON FL 33486** Addition Change Change ☐ Defete TITLE TITLE MASULA, DUSTIN H. NAME MASULA, STEPHANIE STREET ADDRESS STREET ADDRESS 1967 SW 7TH COURT CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** \_ Change \_ ☐ Delete TITLE NAME MASULA, ROBERT J. NAME STREET ADDRESS STREET ADDRESS 1967 SW 7TH COURT CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITI F TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.