

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H42213

1. Entity Name

OKRENT CONSTRUCTION, INC.

Principal Place of Business

9360 NW 10 ST  
PLANTATION FL 33322  
US

Mailing Address

6250 N ANDREWS AVE  
STE 104  
FT LAUDERDALE FL 33309-2176  
US

2. Principal Place of Business

2614 SE 10th Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

Zip

Country

33062

US

Zip

Country

4. FEI Number

59-2556938

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

OKRENT, STEVEN A  
9360 NW 10TH ST.  
PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2614 SE 10th Street

City

Pompano Beach

FL

Zip Code

33062

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, 2001 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 PD ☐ Delete  
NAME OKRENT, STEVEN A  
STREET ADDRESS 9360 NW 10TH ST.  
CITY-ST-ZIP PLANTATION FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17/10/01

454 771-7253

Date Daytime Phone #

FILED  
Jan 18, 2001 8:00 am  
Secretary of State

01-18-2001 90022 050 \*\*\*158.75

604051



DO NOT WRITE IN THIS SPACE

0292002

CR2E034 (10/00)