

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90040 041 \*\*\*158.75

**DOCUMENT # H96696**

1. Entity Name

**MARC ANDRE LANGLOIS GENERAL CONTRACTOR, INC.**

Principal Place of Business

~~633 N.E. 167TH STREET  
 STE 1025  
 N. MIAMI BCH. FL 33162  
 US~~

Mailing Address

~~633 N.E. 167TH STREET  
 STE 1025  
 N. MIAMI BCH. FL 33162  
 US~~

00000000000000000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**P.O. Box 817523**  
 Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 817523**  
 Suite, Apt. #, etc.

**Hollywood, FL**  
 City & State

**33081**  
 Zip  
**USA**  
 Country

**Hollywood, FL**  
 City & State

**33081**  
 Zip  
**USA**  
 Country

4. FEI Number **59-2702270**

Applied For  
 Not Applicable

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

**LANGLOIS, MARC ANDRE**  
**5106 MCKINLEY ST.**  
**HOLLYWOOD FL 33021**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DPS</b>	<input type="checkbox"/> Delete
NAME	<b>LANGLOIS, MARC ANDRE</b>	
STREET ADDRESS	<b>5106 MCKINLEY STREET</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LANGLOIS, MADELINE</b>	
STREET ADDRESS	<b>5106 MCKINLEY STREET</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL</b>	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

*Marc Andre Langlois*  
**Marc Andre Langlois, President**

**0-116-01 954-989-2221**  
 Date Daytime Phone #

CR2E034 (10/00)