

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J26346**

1. Entity Name

NORTHEAST CONTRACTORS, INC.**FILED**
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90028 011 ***150.00

Principal Place of Business

Mailing Address

3300 NE 36TH ST
1115
FT LAUDERDALE FL 33308
US**3300 NE 36TH ST**
1115
FT LAUDERDALE FL 33308-6735
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2700300**

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

WALLACE, RICAHRD E
3300 NE 36TH ST #1115
FT LAUDERDALE FL 33308

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PT	WALLACE, RICAHRD E	3300 NE 36TH ST #115	FT. LAUDERDALE FL				
V	WALLACE, BERNICE	3300 NE 36 ST #115	FT LAUDERDALE FL				
S	MARCIN, MARTIN A	303 N. RIVERSIDE DR. 201	POMPANO BEACH FL				

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:

Richard E. Wallace
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-00

Date

954-564-1327

Daytime Phone #