

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

01-29-2001 90115 028 \*\*\*150.00

**DOCUMENT # J26346**

1. Entity Name  
**NORTHEAST CONTRACTORS, INC.**

Principal Place of Business

3300 NE 36TH ST  
 1115  
 FT LAUDERDALE FL 33308  
 US

Mailing Address

3300 NE 36TH ST  
 1115  
 FT LAUDERDALE FL 33308  
 US

2. Principal Place of Business

1111 N.E. 16 TERRACE  
 Suite, Apt. #, etc.  
 FT. LAUDERDALE, FL  
 City & State  
 33304 USA

3. Mailing Address

P.O. Box 39504  
 Suite, Apt. #, etc.  
 FT. LAUDERDALE, FL  
 City & State

Zip

Country

Zip

Country

33304 USA

33339 USA

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, 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	PT	<input type="checkbox"/> Delete
NAME	WALLACE, RICAHRD E	
STREET ADDRESS	3300 NE 36TH ST #115	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	WALLACE, BERNICE	
STREET ADDRESS	3300 NE 36 ST #115	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARCIN, MARTIN A	
STREET ADDRESS	303 N. RIVERSIDE DR. 201	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Richard E Wallace* - PRESIDENT  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-01  
 Date

954-527-1320  
 Daytime Phone

CR2E034 (10/00)