2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 18, 2000 8:00 am **DOCUMENT # K89807** 1. Entity Name **Secretary of State** BLANK CONSTRUCTION CORP. 01-18-2000 90098 012 ***150.00 Mailing Address Principal Place of Business 1747 FIRST AVE. OLD PLANK RD. NY NY 10128-5218 `ĸ≲cınıvıı z.⊬ FL 32220 CGEGODDOA 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. 2nd Floor (B) DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 22-2976127 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHOEFF, BETH Street Address (P.O. Box Number is Not Acceptable) 7927 DWYER DRIVE JACKSONVILLE FL 32244 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 (NOTE: Registered Agent signature required when reinstating) ि. This corporation is eligible to satisfy its Intangible िर्म निर्देश filling requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE BLANK, STEPHEN NAME STREET ADDRESS STREET ADDRESS 360 EAST 72ND STREET CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10021 ☐ Addition Change TITLE ☐ Delete TITLE SCHOEFF, BETH NAME NAME STREET ADDRESS 7927 DWYER DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32244 ☐ Addition Change ☐ Delete TITLE NAME SCHOEFF, STEVEN ÑAME STREET ADDRESS 7927 DWYER DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32244 ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 exproved to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if