

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 09, 2000 8:00 am
Secretary of State
 08-09-2000 90080 018 ***150.00

DOCUMENT # L30255

1. Entity Name

CENTRAL DADE CONSTRUCTION CO., INC.

R

Principal Place of Business

% THOMAS CUCCORILLO
 2324 SW 82ND PL
 MIAMI FL 33155

Mailing Address

% THOMAS CUCCORILLO
 2324 SW 82ND PL
 MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0170922

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

CUCCORILLO, THOMAS
2324 SW 82ND PL
MIAMI FL 33155

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
 NAME **D**
 STREET ADDRESS **CUCCORILLO, THOMAS**
 CITY-ST-ZIP **2324 SW 82ND PL**
MIAMI FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

THOMAS CUCCORILLO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-26-2000(305)266-5312

CR2E034 (5/00)

Attachment L30755

DOB 6532



Central Dade Construction Co. Inc.

Interior & Exterior Remodeling
& Renovations

Licensed & Insured

Daytime Bpr. 353-9790
Evenings 266-5312

7/26/2000

Dear Department Of State:
To Whom it may Concern

After recieving my 2nd.notice for my filing fee i immiatially went through all my check stubs from Jan.00tomay 00looking for a cancelled check showing i payed my fee.Couldnt find any check&the reas. was that i did not recieve my first notice.As youll see I am regular in paying my fees with one exception which was my fault.Please accept this fee of \$150.00&I will make sure that this situation will not happen again.

Sincerely Yours

A handwritten signature in dark ink, appearing to read "Thomas Cuccorillo", written over a horizontal line.

Thomas Cuccorillo-President