

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L39277

1. Entity Name

INTEGRAL CONSTRUCTION OF BROWARD, INC.

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90122 019 \*\*\*150.00

Principal Place of Business

Mailing Address

3469 NW 55TH ST  
FT. LAUDERDALE FL 33309  
US

3469 NW 55TH ST  
FT. LAUDERDALE FL 33309  
US

C0028182



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0165369

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GORMAN, CLIFFORD  
1 E BROWARD BLVD STE 1600  
# 208  
FT LAUDERDALE FL 33004

Name  
WALDMAN FELUREN+TRIGBOFF  
Street Address (P.O. Box Number is Not Acceptable)  
ONE FINANCIAL PLAZA - Suite #1500  
Scott Behren  
City  
FORT LAUDERDALE FL Zip Code  
33394

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

1/23/01

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
V	STECKER, WILLIAM	5581 S.W. 7TH STREET	PLANTATION FL 33317	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	COHEN, FRED	7158 NW 49TH PLACE	LAUDERHILL FL 33319	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	STECKER, DIANE	5581 SW 7TH STREET	PLANTATION FL 33317	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	COHEN, BARBARA	7158 NW 49TH PLACE	LAUDERHILL FL 33319	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 authorized with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)