200	0 UNIFORM BUSI	NESS REPO	RT (UBR			-	· •
	MENT # L83358			<u>een</u>				83
1. Entity Nan	<u>ا</u> ن ا	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		SEGRET CIVISION	FILED ARY OF STATE	angan Ba		
	JCKING & CONSTRUCTION I	NC.						
Principal Place of Business Mailing Address					_	OI FEB	12 PM 1:39	t
4891 N.W. TO3RD AVE. C/O ALEXANDER BU								
SUITE 11 SUNRISE FL 3	3351	4851 NW 103RD AVE. SUITE 55 SUNRISE FL 33351-7969						•
US -								
6250	Place of Business	3. Mailing Address	1 Klar	nd Parl	Ś		HAN DIN DIN DIN DIN DIN DIN DIN DI	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		RF	INS	TATEMENT	E IN THIS SPACE	100
City & Stat	rise, FI	City & State	ří		4.	FEI Number 65-0217634	• •	pplied For
	Country		Country	y .	5.	Certificate of Status Desired	\$8.75 Ad	lot Applicable Iditional
3331	6. Name and Address of Current F	33313 Aregistered Agent				Name and Address of New Re	Fee Require	ed
BUC				Name	XQ	nder-Buc		المريحين المحري ال
4891	BUCKNOR, ALEXANDER 4891 N.W. 103RD AVE. SUITE 11 SUNRISE FL 33351 City Sunrise, FL 33351 SUITE 12 SUNRISE FL 33351 City Sunrise, FL 33313							
		Suite						
		. <u></u>		Sun	rise	a		313
8. The above	named entity submits this statement for	the purpose of changing its r	registered	office or regis	tered ag	ent, or both, in the State of Flor	ida.	
SIGNATURE .	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE:	Registered A	gent signature requ	ired when re	pinstating)	2-09-01 DATE	
	pration is eligible to satisfy its Intangible	FILE NOW!!				10. Election Campaign Fina	ancing ¢5 (DO May Be
	requirement and elects to do so.	After MAY 1, 200 Make Check Payabl		,		Trust Fund Contribution		d to Fees
11. TITLE	OFFICERS AND E		12.		AĽ	DITIONS/CHANGES TO OFFI		
NAME	BUCKNOR, ALEXANDER	Delete	TITLE NAME			300003	757823	
STREET ADDRESS CITY-ST-ZIP	3150 N.W. 4TH COURT FORT LAUDERDALE FL 33311			-02/23/01010380 street address city-st-zip ****500.00 *****50				500.00 S
TITLE	Delete		TITLE			· · · · · · · · · · · · · · · · · · ·	🗌 Change	Addition
NAME STREET ADDRESS			NAME STREET	STREET ADDRESS		3000037578231 -02/23/0101038014 *****250.00 ****250.00		
CITY-ST-ZIP TITLE			-	CITY-ST-ZIP TITLE			0101038 50.00 <u>****</u> 2 □ Change	
NAME			NAME			300003	757823	
STREET ADDRESS- CITY-ST-ZIP	анананда ары 2014		STREET	ADDRESS * ***** [-ZIP	-		/0101038 50.00 ****1	50.00
TITLE		Delete	TITLE				🗌 Change	Addition
STREET ADDRESS			STREET	ADDRESS				
CITY-ST-ZIP TITLE		Delete	CITY-ST	(- ZIP			Change	Addition
NAME STREET ADDRESS			NAME	ADDRESS				
CITY-ST-ZIP			CITY-ST					
title Name		Delete	TITLE NAME				🛄 Change	Addition
STREET ADDRESS CITY - ST - ZIP				ADDRESS				AD
	ertify that the information supplied with t on this report or supplemental report is t	his filing does not qualify for t			Section	119.07(3)(i), Florida Statutes. I	further certify that the i	nformation
or the corp	or this report of supplemental report is t poration or the receiver or trustee empoy or on an attachment with an address, wi	vered to execute this report a	y signaturi s requirec →	e snall nave th I by Chapter 6	e same i 07, Florid	egal effect as it made under or da Statutes; and that my name	appears in Block 11 of	r Block 12 if
SIGNAT	UBE: Mein Mol	Bucha				12-27-11	(95) 7 448-8	14) (() () 11
	SIGNATURE AND TYPED OR PRI	INTED NAME OF SIGNING OFFICER OF	R DIRECTOR			Date	Daytime Phone #	