

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000001338**

1. Entity Name
ANGELO IAFRATE CONSTRUCTION, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

.00 JAN 31 AM 8:46

Principal Place of Business 500 REYNOLDS DR RUSTON LA 71270	Mailing Address P.O. BOX 1084 RUSTON LA 71273-1084
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2. Principal Place of Business 11441 Industriplex Suite 140 Baton Rouge LA 70809	3. Mailing Address 11441 Industriplex Suite 140 Baton Rouge LA 70809
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DO NOT WRITE IN THIS SPACE

4. FEI Number **38-3424695** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR	<input type="checkbox"/> Delete
NAME IAFRATE, ANGELO E	
STREET ADDRESS 26400 SHERWOOD	
CITY - ST - ZIP WARREN MI 48091	
TITLE MGR	<input type="checkbox"/> Delete
NAME IAFRATE, DOMINIC	
STREET ADDRESS 26400 SHERWOOD	
CITY - ST - ZIP WARREN MI 48091	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	500003121575--4
CITY - ST - ZIP	-02/02/00--01104--016
	*****50.00 *****50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **X** *ANGELO IAFRATE* SIGNATURE REQUIRED **January 14, 2000** Date **810-756-1011** Daytime Phone #