## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT#** M00342 1. Entity Name

## CO-OPERATIVE CONSTRUCTION CORPORATION

Principal Place of Business C/O JOHN MUCHER 11341 S.W. 65TH STREET MIAMI FL 33173

City & State

Zip

Mailing Address

C/O JOHN MUCHER 11341 S.W. 65TH STREET

MIAMI FL 33173

2. Principal Place of Business Suite, Apt. #, etc.

Country

3. Mailing Address

Suite, Apt. #, etc. City & State

4. FEI Number

59-2403411

5.- Certificate of Status Desired

Applied For Not Applicable \$8.75 Additional

6. Name and Address of Current Registered Agent

MUCHER, JOHN 11341 S.W. 65TH STREET **MIAMI FL 33173** 

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

City

(NOTE: Registered Agent signature required when reinstating)

DATE

FILED

Jul 18, 2002 8:00 am Secretary of State

07-18-2002 90125 010 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

Zip Code

Fee Required

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. I am familiar with, and accept

Country

**SIGNATURE** 

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** TITLE ☐ Delete TIT) F ☐ Addition NAME MUCHER, JOHN NAME 11341 S.W. 65TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP VTD ☐ Delete TITLE ☐ Change ☐ Addition MUCHER, JANICE NAME STREET ADDRESS 11341 S.W. 65TH STREET STREET ADDRESS CITY-ST-ZIP\_ MIAMI FL CITY-ST-ZIP TITLE Delete TITLE ☐ Chânge ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

SIGNA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # MOO342					Attachmen	ズ
CO-OPERATIVE CONSTRUCTION CORPORATION					Attachment 121940.	
Trincipal Place of Business C/O JOHN MUCHER 11341 S.W. 65TH STREET MAMI FL 33173		Mailing Address C/O JOHN MUCHER 11341 S.W. 65TH STREET MIAMI FL 33173				
Principal Place of Business		3. Mailing Address				
Suite. Ap	nt. #, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		DO NOT WRITE IN THIS S	PACE
City & Sta	ate	City & State	<del></del>	4.	FEI Number 59-2403411	Applied For
- Zip		. Zp	_Country	-5.		8.75. Additional
	6. Name and Address of Current R	egistered Agent		7. 1	Name and Address of New Registered A	gent
MUCHER, JOHN 11341 S.W. 65TH STREET MIAMI FL 33173				Name Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code			
ine abov inature	e named entity submits this statement for		registered office or regi	stered ag	ent, or both, in the State of Fiorida.	
	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE:	Registered Agent signature red	Pried when te	instacing) DATE	
Tax filing	poration is eligible to satisfy its Intangible requirement and elects to do so. eria on back)		FEE IS \$150.00 Fee will be \$550.0	IO State	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees
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SIGNATHRE.

4/13/02

CTION CORPORATION CONSTRUCTION MANAGERS / CERTIFIED GENERAL CONTRACTORS 11341 S.W. 65 Street, Miami, Florida 33173, Phone (305) 663-2141 • Fax (305) 663-2142 121947 July 15, 2002 Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399 Duplicate UBR for # M00342 Dear sirs: We had sent in our Annual Report for 2002 in April of this year; upon receiving this duplicate Annual report form , and investigating our bank records, We are now aware that the original form has been lost en route. Please accept this copy and the duplicate form , along with a replacement check. <u>Th</u>ank you. lohn A. Mucher, President

State Certified General Contractor