

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90199 016 ***150.00

DOCUMENT # M03762

1. Entity Name

MATTHEW D'ANDREA GENERAL BUILDING CONTRACTOR, IN

Principal Place of Business

818 E PROSPECT RD
FORT LAUDERDALE FL 33334

Mailing Address

2700 OAKTREE CIRCLE
FORT LAUDERDALE FL 33309

2. Principal Place of Business

4700 West Prospect Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft Land, Florida

City & State

Zip

33309

Country

Beoward

Zip

Country

4. FEI Number

59-2445342

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

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 \$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 | PDS | <input type="checkbox"/> Delete |
| NAME | D'ANDREA, MATTHEW | |
| STREET ADDRESS | 2700 OAKTREE CIRCLE | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33309 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | D'ANDREA, MATTHEW | |
| STREET ADDRESS | 2700 OAKTREE CIRCLE | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33309 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Matthew D'Andrea/ Pres 1-17-01 954-777-3080
Matthew D'Andrea

Date

Daytime Phone #

011484



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)