

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90174 001 ***150.00

DOCUMENT # M56263

1. Entity Name
ALWARD CONSTRUCTION, INC.

Principal Place of Business Mailing Address
~~RON LEVINE~~
~~BILTMORE WAY STE 720~~
~~CORAL GABLES FL 33134-5730~~
5233 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109-0262

00005000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5233 FISHER ISLAND DR
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
FISHER ISLAND FL
 Zip Country Zip Country
33109

4. FEI Number Applied For
59-2831163 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SAKOLSKY, CAROLYN
5233 FISHERS ISLAND DR.
FISHER ISLAND FL 33109

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, 2000 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	
TITLE	D <input type="checkbox"/> Delete
NAME	SALOLSKY, ALBERT
STREET ADDRESS	550 BILTMORE WAY
CITY-ST-ZIP	CORAL GABLES FL
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	SCHREIDELL, SIDNEY F.
STREET ADDRESS	550 BILTMORE WAY
CITY-ST-ZIP	CORAL GABLES FL
TITLE	ST <input checked="" type="checkbox"/> Delete
NAME	LEVINE, RONALD
STREET ADDRESS	550 BILTMORE WAY
CITY-ST-ZIP	CORAL GABLES FL
TITLE	CAROLYN <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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5233 FISHER ISLAND DR
STREET ADDRESS	FISHER ISLAND FL 33109
CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	2091 NW 139 ST
NAME	OPA LOCKA
STREET ADDRESS	33054
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SECRETARY
NAME	CAROLYN SAKOLSKY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5233 FISHER ISLAND DR
CITY-ST-ZIP	FISHER ISLAND, FL 33109 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: Carolyn A Sakolsky **CAROLYN A SAKOLSKY** **305 910 3199**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 1-5-00

CR2E034 (9/99)