

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90013 004 ***150.00

USE 4-4 AI

DOCUMENT # M56263

1. Entity Name
ALWARD CONSTRUCTION, INC.

Principal Place of Business
**5233 FISHER ISLAND DR.
 FISHER ISLAND FL 33109**

Mailing Address
**5233 FISHER ISLAND DRIVE
 FISHER ISLAND FL 33109**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2831163

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SAKOLSKY, CAROLYN
 5233 FISHERS ISLAND DR.
 FISHER ISLAND FL 33109**

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	SALOLSKY, ALBERT	
STREET ADDRESS	5233 FISHER ISLAND DR.	
CITY-ST-ZIP	FISHER ISLAND FL 33109	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHREIDELL, SIDNEY F.	
STREET ADDRESS	2091 NW 139 ST.	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	S	<input type="checkbox"/> Delete
NAME	SAKOLSKY, CAROLYN	
STREET ADDRESS	5233 FISHER ISLAND DR.	
CITY-ST-ZIP	FISHER ISLAND FL 33109	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Signature of Carolyn Sakolsky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02

Date

305 531-1164

Daytime Phone #

CR2E034 (9/01)