

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16825

1. Entity Name

LABORERS LOCAL 800 HOLDING COMPANY, INC.

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

01-18-2000 90041 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2996 N.W. 62ND STREET  
MIAMI FL 33147

2996 N.W. 62ND STREET  
MIAMI FL 33147-7632

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0126739

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

Name

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

City

FL

Zip Code

LABORERS' LOCAL UNION NO. 800  
2996 NW 62ND ST  
MIAMI FL 33147

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 fee applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRUZ, JULIO	
STREET ADDRESS	6990 N.W. 188TH ST, BLDG 101	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	P	<input type="checkbox"/> Delete
NAME	RAGONE, DIANE	
STREET ADDRESS	7490 SW 58 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOGAN, JOSEPH M.	
STREET ADDRESS	1710 SE MADISON ST	
CITY-ST-ZIP	STUART FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	RAGONE, DIANE	
STREET ADDRESS	7490 SW 58 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIPPO, C. ANGELO	
STREET ADDRESS	511 N.W. 119TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATERS, JOHN	
STREET ADDRESS	301 N.W. 11TH AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IMMEDIATO, DENNIS	
STREET ADDRESS	2067 S.E. TRIUMPH ROAD	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	<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		
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/00 (305) 633-0041