

2000 UNIFORM BUSINESS REPORT (UBR)

0007690

DOCUMENT # N94000004011

1. Entity Name

COORDINATED CONTRACTING CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 24 PM 3:09

Principal Place of Business

500 W. CYPRESS CREEK RD
SUITE 400
FORT LAUDERDALE FL 33309

Mailing Address

500 W. CYPRESS CREEK RD
SUITE 400
FORT LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 460

Suite, Apt. #, etc.

Suite 460

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

4. FEE Number

65-0560060

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)

6000003454706--1

-11/07/00--01039--011

City

****236. FL

****236.25

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

10/19/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME BRYAN, MARK
STREET ADDRESS 500 W. CYPRESS CREEK RD., 400
CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MIRSKY, ROBERT MD
STREET ADDRESS 500 W. CYPRESS CREEK RD., 400
CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DST
NAME ROSS, DAVID
STREET ADDRESS 500 W. CYPRESS CREEK RD., 400
CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GOLDSTEIN, MITCHELL DO
STREET ADDRESS 500 W. CYPRESS CREEK RD., 400
CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DP
NAME ROSENKRANTZ, CARL MD
STREET ADDRESS 500 W. CYPRESS CREEK RD., STE 400
CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SCHNEIDER, ALAN MD
STREET ADDRESS 500 WEST CYPRESS CREEK RD, STE. 400
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 #

9/25/00

AD

CR2E037 (5/00)