-
<u>-</u>
Ρ-
œ
9

**FILED** 

954,351,7757

41

**2001 UNIFORM BUSINESS REPORT (UBR)** 

SIGNATURE:

## Sep 10, 2001 8:00 am Secretary of State DOCUMENT # N9400004011 09-10-2001 90003 047 \*\*\*\*61.25 COORDINATED CONTRACTING CORPORATION Principal Place of Business Mailing Address 500 W. CYPRESS CREEK RD 500 W. CYPRESS CREEK RD SUITE 460 SUITE 460 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0560060 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARISH, DAYID 701 BRICKELL AVENUE Street Address (P.O. Box Number is Not Acceptable) **SUITE 1900** City **MIAMI FL 33131** 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 Fiorida. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be After September 12, 2001, min. will be \$236.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE TITLE Change ☐ Addition (5/01) BRYAN, MARK NAME 500 W. CYPRESS CREEK RD., 400 STREET ADDRESS STREET ADDRESS 2E037 CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP TITLE X Delete TITLE ☐ Change XX Addition MIRSKY, ROBERT MD NAME Patty Mendel STREET ADDRESS 500 W. CYPRESS CREEK RD., 400 STREET ADDRESS 500 W. Cypress Creek Rd.,700 FORT LAUDERDALE FL 33309 CITY-ST-ZIP CITY-ST-ZIP Fort Lauderdale, Fl 33309 TITLE TITLE ☐ Delete ☐ Change ☐ Addition ROSS, DAVID NAME NAME STREET ADDRESS 500 W. CYPRESS CREEK RD., 400 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GOLDSTEIN, MITCHELL DO NAME NAME STREET ADDRESS 500 W. CYPRESS CREEK RD., 400 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE-FL 33309 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROSENKRANTZ, CARL MD NAME NAME STREET ADDRESS 500 W. CYPRESS CREEK RD., STE 400 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP TIT! F ☐ Delete TITLE ☐ Change ☐ Addition SCHNEIDER, ALAN MD NAME STREET ADDRESS 500 WEST CPYRESS CREEK RD, STE. 400 STREET ADDRESS CITY-ST-7IP FT LAUDERDALE FL 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.