

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **N94000004011**

1. Entity Name

COORDINATED CONTRACTING CORPORATION**FILED**
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90894 037 ****61.25

0026980

Principal Place of Business 500 W. CYPRESS CREEK RD SUITE 460 FORT LAUDERDALE FL 33309	Mailing Address 500 W. CYPRESS CREEK RD SUITE 460 FORT LAUDERDALE FL 33309
--	--

2. Principal Place of Business Suite, Apt. #, etc..	3. Mailing Address Suite, Apt. #, etc..
--	--

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 65-0560060	Applied For <input type="checkbox"/> Not Applicable
---------------------------------	--

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****PARISH, DAVID
701 BRICKELL AVENUE
SUITE 1900
MIAMI FL 33131****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

FILE NOW: FEE IS \$61.259. 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 type="checkbox"/> Delete
NAME	BRYAN, MARK	
STREET ADDRESS	500 W. CYPRESS CREEK RD., 400	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	MENDEL, PATTY	
STREET ADDRESS	500 W CYPRESS CREEK RD 700	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	DST	<input type="checkbox"/> Delete
NAME	ROSS, DAVID	
STREET ADDRESS	500 W. CYPRESS CREEK RD., 400	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, MITCHELL DO	
STREET ADDRESS	500 W. CYPRESS CREEK RD., 400	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ROSENKRANTZ, CARL MD	
STREET ADDRESS	500 W. CYPRESS CREEK RD., STE 400	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHNEIDER, ALAN MD	
STREET ADDRESS	500 WEST CYPRESS CREEK RD, STE. 400	
CITY-ST-ZIP	FT LAUDERDALE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID ROSS**3/22/02 954.351.7757**

Date

Daytime Phone #

CR2E037 (9/01)