

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2001 8:00 am**  
**Secretary of State**

05-31-2001 90003 008 \*\*\*\*61.25

**DOCUMENT # N94000004409**

1. Entity Name

**CONTRACTORS RESOURCE CENTER, INC.**

Principal Place of Business

**1730 BISCAYNE BLVD., STE. 201  
 MIAMI FL 33132**

Mailing Address

**1730 BISCAYNE BLVD., STE. 201  
 MIAMI FL 33132**

**772144**



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

**65-0552602**

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

**HAMLER, ELSIE K  
 1730 BISCAYNE BLVD., STE. 201  
 MIAMI FL 33132**

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 \$61.25**

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 **P** ☐ Delete  
 NAME **HAMLER, ELSIE K**  
 STREET ADDRESS **1730 BISCAYNE BLVD., STE. 201**  
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Linda Burton**  
 STREET ADDRESS **1820 N University Drive**  
 CITY-ST-ZIP **Plantation, FL 33327**

TITLE **D** ☐ Delete  
 NAME **GEORGE, CHARLES**  
 STREET ADDRESS **643 NE 125 ST**  
 CITY-ST-ZIP **NORTH MIAMI FL**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Eloise Gonzalez**  
 STREET ADDRESS **4250 NW 37th Avenue**  
 CITY-ST-ZIP **Miami, FL 33142**

TITLE **D** ☐ Delete  
 NAME **FERNANDEZ, JERRY**  
 STREET ADDRESS **14201 SW 104 STREET**  
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Douglas McKinnon**  
 STREET ADDRESS **6600 NW 27th Avenue, Suite #209**  
 CITY-ST-ZIP **Miami, FL 33147**

TITLE **D** ☒ Delete  
 NAME **SAUM, ROBERT**  
 STREET ADDRESS **10737 SW 104 STREET**  
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Kevin Myers**  
 STREET ADDRESS **1781 NW North River Drive**  
 CITY-ST-ZIP **Miami, FL 33147**

TITLE **D** ☐ Delete  
 NAME **REED, CLIFTON T JR**  
 STREET ADDRESS **1730 BISCAYNE BLVD., STE. 201-A**  
 CITY-ST-ZIP **MIAMI FL 33132**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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]*

**5/16/01 385 577-3738**

CR2E037 (10/00)