

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000027375

1. Entity Name
NEIMAN CONSTRUCTION, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90110 038 ***150.00

Principal Place of Business

**2715 NE 164TH STREET
N MIAMI BEACH FL 33160**

Mailing Address

**2715 NE 164TH STREET
N MIAMI BEACH FL 33160**

2. Principal Place of Business

3741 NE 163 STREET

3. Mailing Address

3741 NE 163 STREET

Suite, Apt. #, etc.

SUITE 275

Suite, Apt. #, etc.

SUITE 275

City & State

SUNNY ISLES FL

City & State

SUNNY ISLES FL

Zip

33160

Country

Zip

33160

Country

4. FEI Number

65-0992377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NEIMAN, FABIAN G
2715 NE 164TH STREET
N MIAMI BEACH FL 33160**

7. Name and Address of New Registered Agent

Name

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

City

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's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **NEIMAN, FABIAN G**
STREET ADDRESS **2715 NE 164TH STREET**
CITY- ST- ZIP **N MIAMI BEACH FL 33160**

TITLE **SD** ☐ Delete
NAME **NEIMAN, JUDITH B**
STREET ADDRESS **2715 NE 164TH STREET**
CITY- ST- ZIP **N MIAMI BEACH FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN "11"

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

4-7-01

305 9489802

Date

Daytime Phone #

CR2E034 (10/00)