

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90464 017 ***150.00

DOCUMENT # P00000027375

1. Entity Name
NEIMAN CONSTRUCTION, INC.



Principal Place of Business
3741 NE 163 STREET
SUITE 275
SUNNY ISLES FL 33160

Mailing Address
3741 NE 163 STREET
SUITE 275
SUNNY ISLES FL 33160



2. Principal Place of Business
2350 NE 202 STREET
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 801134
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
NORTH MIAMI BEACH FL
Zip 33180 Country USA

City & State
AVENTURA FL
Zip 33280 Country USA

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 NEIMAN, FABIAN G.
Street Address (P.O. Box Number is Not Acceptable)
2350 NE 202 STREET
City NORTH MIAMI BCH. FL Zip Code 33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

FABIAN G. NEIMAN
(NOTE: Registered Agent signature required when reinstating)

3-13-03.
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	NEIMAN, FABIAN G	
STREET ADDRESS	2715 NE 164TH STREET	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NEIMAN, JUDITH B	
STREET ADDRESS	2715 NE 164TH STREET	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROCHWERGER, FEDERICO	
STREET ADDRESS	16394 VIA VENETIA WEST	
CITY-ST-ZIP	DELRAY BEACH FL 33484-6481	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FABIAN G. NEIMAN	
STREET ADDRESS	2350 NE 202 ST.	
CITY-ST-ZIP	NORTH MIAMI BCH FL 33180	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDITH B. NEIMAN	
STREET ADDRESS	2350 NE 202 ST	
CITY-ST-ZIP	NORTH MIAMI BCH. FL. 33180	
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 607, 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

3-13-03 205 948 9802
Date Daytime Phone #

CR2E034 (10/02)