

AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P0000004666**

1. Entity Name

CAULEY CONSTRUCTION, INC.

FILED 09-11-2002 90103 016 ***70.00
SECRETARY OF STATE P00000046666
DIVISION OF CORPORATIONS

02 SEP 11 PM 11:01

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3260 N.W. 23rd Avenue

3. Mailing Address

same

Suite, Apt. #, etc.

Suite-1300E--

Suite, Apt. #, etc.

City & State

Pompano Beach, Florida

City & State

Zip

33069

Country

USA

Zip

Country

4. FEI Number

65-1021437

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Michael E. Cauley

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

3260 N.W. 23rd Avenue, Suite 1300E

City

Pompano Beach

FL

Zip Code
33069

**DO NOT WRITE
IN THIS SPACE**

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

Michael E. Cauley

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reissuing)

September 4, 2002

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY- ST- ZIP
**President - Michael E. Cauley
1346 Alegriano Avenue
Coral Gables, FL 33146**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael E. Cauley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/04/02

954-984-4133

Date

Daytime Phone #

CR2E034B (12/01)

9/11/02
aw