

**AMENDED**  
**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000068955**

1. Entity Name:

**CAULEY CONSTRUCTION II, INC.**

09-11-2002 90103 038 \*\*\*\*\*70.00  
FILED P00000068955  
SECRETARY OF STATE  
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

**65-1025968**

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 title 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**

**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

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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)