

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000111634**

1. Entity Name

NATCO DEVELOPMENT & CONSTRUCTION CORP.**FILED**
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90169 003 ***150.00

00040048

DO NOT WRITE IN THIS SPACE

Principal Place of Business 19333 COLINS AVE #810 N MIAMI BEACH FL 33160		Mailing Address 19333 COLINS AVE #810 N MIAMI BEACH FL 33160	
2. Principal Place of Business 700 W. Hillsboro Blvd. Suite, Apt. #, etc. Building 2, Suite 102 City & State Deerfield Beach, FL Zip 33441 Country US		3. Mailing Address 700 W. Hillsboro Blvd. Suite, Apt. #, etc. Building 2, Suite 102 City & State Deerfield Beach, FL Zip 33441 Country US	
4. FEI Number 65-1067500		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FRAZIER, ROBERT W JR 2400 EAST COMMERCIAL BLVD STE 826 FT LAUDERDALE FL 33308		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHERNIN, RALPH 1812 SOUTH WEST 17TH STREET BOCA RATON FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KALICHMAN, NATHAN 19333 COLLINS AVE #810 N MIAMI BEACH FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		Ralph Chernin 4/6/01 954.360.0057	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/00)