

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 03, 2001 8:00 am
Secretary of State

04-12-2001 90169 004 ***150.00

DOCUMENT # P00000113662

1. Entity Name

NATCO CONSTRUCTION, INC.

Principal Place of Business

**19333 COLLINS AVE #1/810
 N MAIMI BCH FL 33160**

Mailing Address

**19333 COLLINS AVE #1/810
 N MAIMI BCH 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



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**FRAZIER, ROBERT W ESQ.
 2400 E COMMERCIAL BLVD STE 826
 FT LAUDERDALE FL 33308**

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DPS
 KALICHMAN, NATHAN
 19333 COLLINS AVE #810
 N MAIMI BCH FL 33160** ☐ Delete

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nathan Kalichman

4/6/01 954.360.0057

Date

Daytime Phone #

CR2E034 (10/00)