

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90085 046 ***150.00

DOCUMENT # P01000020605

1. Entity Name **Alternative Masonry, Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1029 VALENCIA RD

Suite, Apt. #, etc.

3. Mailing Address

1029 VALENCIA RD

Suite, Apt. #, etc.

City & State

KEY LARGO FL

City & State

KEY LARGO FL

Zip

33037

Country

MORRIS

Zip

33037

Country

USA

4. FEI Number

65 1106407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Dennis R. Haber, P. A.

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

1450 Madruga Avenue.

Suite 302

City

Coral Gables

FL

Zip Code
33146

**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.

RONNIE MCGARRITY - PRESIDENT/TREASURER - 1029 VALENCIA RD, KEY LARGO, FL 33037

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 29/02

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/Treasurer
Ronald George McGarrity**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

CR2E034B (12/01)

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: **Ronnie McGarrity**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 29/02 305 746-4248

Date

Daytime Phone #