

7/11

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-11-2002 90241 023 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000060832

1. Entity Name
C & T COMPLETE REMODELING INC.

Principal Place of Business

9777 NW 5 CT
 CORAL SPRINGS FL 33071

Mailing Address

9777 NW 5 CT
 CORAL SPRINGS FL 33071

2. Principal Place of Business

10858 NW 34 CT

Suite, Apt. #, etc.

3. Mailing Address

10858 NW 34 CT

Suite, Apt. #, etc.

City & State

CORAL SPRINGS - FLA

City & State

CORAL SPRINGS FLA

Zip

33065

Country

USA

Zip

33065

Country

U.S.A

4. FEI Number

36-4451526

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CARDONA, HERNANDO

9777 NW 5 CT

CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

CARDONA, HERNANDO

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

10858 NW 34 CT

City

CORAL SPRINGS FLA

FL

Zip Code

33065

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE	PO	<input type="checkbox"/> Delete
NAME	CARDONA, HERNANDO	
STREET ADDRESS	9777 NW 5 CT	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ESCUDEIRO, ANTONIO	
STREET ADDRESS	7805 KIMBERLY BLVD	
CITY-ST-ZIP	N LAUDERDALE FL 33065	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARDONA, MICHAEL	
STREET ADDRESS	9777 NW 5 CT	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10858 NW 34 CT	
CITY-ST-ZIP	CORAL SPRINGS FLA, 33065	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10858 NW 34 CT	
CITY-ST-ZIP	CORAL SPRINGS FLA, 33065	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10858 NW 34 CT	
CITY-ST-ZIP	CORAL SPRINGS FLA, 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)