FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

Amended

09-09-2002 90016 013 ****61.25

FILED
P01000079086
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 SEP 11 PM 11:01

B0136988

DOCUMENT # P01000079086

1. Entity Name
FLORIDA CONTRACTORS, INC.
12228 SW 132 CT
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12228 S.W. 132 CT	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State
Zip: 33186 Country: USA	Zip Country

4. FEI Number: 65-1130384 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: C.K. HAWLEY II

Street Address (P.O. Box Number is Not Acceptable): 15229 S.W. 170 TERR

City: MIAMI FL Zip Code: 33187

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P S D	TITLE	
NAME	C.K. HAWLEY II	NAME	
STREET ADDRESS	12228 SW 132 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	BARRY P. BRODSKY	NAME	
STREET ADDRESS	12228 SW 132 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	J. WRAY HAMMOND III	NAME	
STREET ADDRESS	12228 SW 132 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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 the like empowered.

SIGNATURE: _____ C.K. Hawley II, PRESIDENT 9/4/02 305 235 6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/13/02 ar