

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90035 036 ***150.00

DOCUMENT # P02000016415

1. Entity Name
KATZ MELTZER CONSTRUCTION COMPANY



Principal Place of Business
6915 R SD RD.
#226
CORAL GABLES, FL 33143

Mailing Address
6915 R SD RD.
#226
CORAL GABLES, FL 33143

00000004



2. Principal Place of Business
120 N.E. 27th Street
Suite, Apt. #, etc.
Suite 600
City & State
Miami, FL
Zip
33137
Country
USA

3. Mailing Address
120 N.E. 27th Street
Suite, Apt. #, etc.
Suite 600
City & State
Miami, FL
Zip
33137
Country
USA

01122005 Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KATZ, RON
12927 SW 103RD PLACE
MIAMI, FL 33176

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

SIGNATURE *Ron KATZ, CEO* DATE *1/13/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KATZ, RON	
STREET ADDRESS	9655 S DIXIE HWY STE 200	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELTZER, BRAD	
STREET ADDRESS	9655 S DIXIE HWY STE 200	
CITY-ST-ZIP	MIAMI, FL 33156	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Katz, Ron	
STREET ADDRESS	120 N.E. 27 Street, Suite 600	
CITY-ST-ZIP	Miami, FL 33137	
TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meltzer, Brad	
STREET ADDRESS	120 N.E. 27 Street, Suite 600	
CITY-ST-ZIP	Miami, FL 33137	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ron KATZ, CEO* DATE *1/13/05* DAYTIME PHONE *(305) 576-5259*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR