FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

EJU

POB 000048518

Construction INC.



FILED

03 MAR -3 AN 8:49

SECRETARY OF STATE FALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address NE 25
3 \$ 50 NE 28 15 # 309	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

City & State	<u>, , , , , , , , , , , , , , , , , , , </u>	City & State	atria El	4. FEI Number 77117	Applied For
23308	Country	Zip 3333078	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	O NOT W	DITE: #	Name Jo	7. Name and Address of Current Registe	red Agent

IN THIS SPACE

7. Name and Address of Current Registered Agent					
Name John R Fintak					
Street Address (P.O. Box Number of June Acceptable)					

LAUderdAle 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.

City

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE PRESIDENT NAME SCHILB FINT AR 199 STREET ADDRESS 32 50 NE 28 1957 #309 CITY-ST-ZIP Ft. LAWERDURE FT 35308	TITLE
TITLE NAME STREET ADDRESS CITY-SI-ZIP	IITLE NAME STREET ADDRESS CITY: ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE MAME STREET ADDRESS CITY: ST. ZIP DO NOT WRITE
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	TITLE MANE STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS GITY ST: ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ITTLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 🚣

CR2E034B (12/02)