

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

007137 AN

DOCUMENT # P02000094817

1. Entity Name

JOINT VENTURE CONSTRUCTION INC.



FILED

03 NOV 10 AM 8:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business

4801 SW 142 AVENUE
FORT LAUDERDALE FL 33330

Mailing Address

4801 SW 142 AVENUE
FORT LAUDERDALE FL 33330

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT
30-013291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COSENTINO, ALFRED

4801 HANCOCK RD.
SW RANCHES FL 33330

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

3. Election Campaign Financing
10/27/03-01103-001 **750.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
COSENTINO, ALFRED
4801 HANCOCK RD.
SOUTHWEST RANCHES FL 33330 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
10/27/03-01103-0012 **750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
COSTANZA, GEORGE
4801 SW 142ND AVE.
FT. LAUDERDALE FL 33330 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
COSENTINO, KAREN
4801 SW 142ND AVE.
FT. LAUDERDALE FL 33330 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

NATIVE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-03

954-873-6932

Date

Daytime Phone #

CR2E034 (4/03)