

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90119 013 ***150.00

0158395 AV

DOCUMENT # P14057

1. Entity Name

AACON CONTRACTING CO. INC.

Principal Place of Business

**4000 SW 130TH AVE.
C.D. 153
MIRAMAR FL 33027**

Mailing Address

**4000 SW 130TH AVE.
C.D. 153
MIRAMAR FL 33027**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **11-1501018**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**H & W REGISTERED AGENTS INC.
1110 BRICKELL AVENUE, PENTHOUSE
MIAMI FL 33131**

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.

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 **P** ☐ Delete
NAME **MCGARRY, MICHAEL**
STREET ADDRESS **67 VREELAND AVE.**
CITY-ST-ZIP **RUTHERFORD N.**

TITLE **D** ☐ Delete
NAME **CADILLAC, R. T.**
STREET ADDRESS **4000 SW 130 AVE**
CITY-ST-ZIP **MIRAMAR FL**

TITLE **S** ☐ Delete
NAME **CADILLAC, MARYJO**
STREET ADDRESS **4000 SW 130 AVE**
CITY-ST-ZIP **MIRAMAR FL**

TITLE **VD** ☐ Delete
NAME **MCGARRY, ELEANOR**
STREET ADDRESS **13101 SW 11 CT**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **V** ☐ Delete
NAME **CADILLAC, XXXXX**
STREET ADDRESS **4000 SW 130 AVENUE**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **CADILLAC, R.T.**
STREET ADDRESS **4000 S.W. 130 Ave**
CITY-ST-ZIP **MIRAMAR FL**

TITLE **VP** ☒ Change ☐ Addition
NAME **MCGARRY, MICHAEL**
STREET ADDRESS **67 VREELAND AVE**
CITY-ST-ZIP **RUTHERFORD, N.J.**

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

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

TITLE **V** ☒ Change ☐ Addition
NAME **CADILLAC, JOSHUA**
STREET ADDRESS **4000 S.W. 130 AVE**
CITY-ST-ZIP **MIRAMAR, FL 33027**

TITLE **V** ☐ Change ☒ Addition
NAME **CADILLAC, TIMOTHY**
STREET ADDRESS **4000 S.W. 130 AVE**
CITY-ST-ZIP **MIRAMAR, FL**

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: Mario Cadillac **MARIO CADILLAC, Sec.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-435-5472

CR2E034 (9/01)