

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000006413

1. Entity Name

ENVIRO-MECHANICAL INC.

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90069 046 ***150.00

Principal Place of Business

Mailing Address

8230 W 30TH CT
HIALEAH FL 33018
US

8230 W 30TH CT
HIALEAH FL 33018-3801
US

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 65-0400678

Applied For
Not Applied For

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCNICHOLAS, MICHAEL
400 N.W. 87TH LANE
#201
PLANTATION FL 33324

Name: MCNICHOLAS, MICHAEL
Street Address (P.O. Box Number is Not Acceptable): 1401 N. RIVERSIDE DR.
404
City: POMPAÑO BEACH FL Zip Code: 33062

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

Michael McNicholas MICHAEL MCNICHOLAS 1/3/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D ☐ Delete
NAME: MCNICHOLAS, MICHAEL
STREET ADDRESS: 400 N.W. 87TH LANE, #201
CITY-ST-ZIP: PLANTATION FL

TITLE: D ☐ Change ☐ Delete
NAME: MICHAEL MCNICHOLAS
STREET ADDRESS: 1401 N. RIVERSIDE DR #404
CITY-ST-ZIP: POMPAÑO BEACH, FL 33062

TITLE: D ☐ Delete
NAME: HUTKOWSKI, STEVEN M
STREET ADDRESS: 553 N.W. 98TH AVENUE
CITY-ST-ZIP: PLANTATION FL 33324

TITLE: ☐ Change ☐ Delete
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael McNicholas MICHAEL MCNICHOLAS 1/03/00 (305) 827-1111