

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000009753

1. Entity Name

SOUTH FLORIDA BUILDING & RESTORATION, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90094 031 ***150.00

Principal Place of Business

9715 W BROWARD BLVD
STE #176
FT LAUDERDALE FL 33324
US

Mailing Address

9715 W BROWARD BLVD
STE #176
FT LAUDERDALE FL 33324-2351
US

2. Principal Place of Business

8362 PINES BLVD
Suite, Apt. #, etc.
#380

3. Mailing Address

8362 Pines Blvd
Suite, Apt. #, etc.
#380

City & State
PEMBROKE PINES, FL

City & State
PEMBROKE PINES, FL

Zip
33024

Country
US

Zip
33024

Country
US

4. FEI Number 65-0401423

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

HOUSEKNECHT, KEITH B
9715 W. BROWARD BLVD. 176
FT. LAUDERDALE FL 33324

Name HOUSEKNECHT, KEITH B
Street Address (P.O. Box Number is Not Acceptable)
8362 PINES BLVD #380
City PEMBROKE PINES FL Zip Code 33024

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 Keith B. Houseknecht, Pres. 4/14/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature is 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PVST HOUSEKNECHT, KEITH B. 9715 W. BROWARD BLVD. FT. LAUDERDALE FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T HOUSEKNECHT, KEITH B. 8362 PINES BLVD. #380 PEMBROKE PINES, FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S HOUSEKNECHT, LORI A. 8362 PINES BLVD #380 PEMBROKE PINES, FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Keith B. Houseknecht, Pres. 4/14/2000 (954) 965-8511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)