

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000018875

1. Entity Name

NESS CONSTRUCTION, INC.

Principal Place of Business

9730 E HIBISCUS ST
MIAMI FL 33157
US

Mailing Address

9730 E HIBISCUS ST
MIAMI FL 33157
US

2. Principal Place of Business

27340 S. DIXIE Hwy.

Suite, Apt. #, etc.

3. Mailing Address

27340 S. DIXIE Hwy.

Suite, Apt. #, etc.

City & State

Naranja, FL
33032

City & State

Naranja, FL
33032

Zip

33032

Country

USA

Zip

33032

Country

USA

6. Name and Address of Current Registered Agent

DEETS, SUSAN ESQ.
9990 SOUTHWEST 77TH AVENUE
SUITE 212
MIAMI FL 33156

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, 2001 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

D
NESS, CHARLES P
9820 SOUTHWEST 181ST TERRACE
MIAMI FL 33157

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

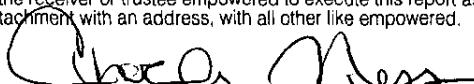
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90084 040 ***150.00

820860



DO NOT WRITE IN THIS SPACE

0196228

CR2E034 (10/00)

4/12/01 305-297-1771
Date Daytime Phone #