

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90059 045 ***150.00

DOCUMENT # P93000056621

1. Entity Name

CORESLAB STRUCTURES (ORLANDO) INC.

Principal Place of Business

Mailing Address

11041 ROCKET BLVD.
 ORLANDO FL 32824

11041 ROCKET BLVD.
 ORLANDO FL 32824-8511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3199149**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 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 | <input type="checkbox"/> Delete |
| NAME | FRANCIOSA, LUIGI | |
| STREET ADDRESS | 1121 HERITAGE ROAD | |
| CITY-ST-ZIP | BURLINGTON ONTARIO CANADA | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FRANCIOSA, MARIO | |
| STREET ADDRESS | 1121 HERITAGE ROAD | |
| CITY-ST-ZIP | BURLINGTON ONTARIO CANADA | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FRANCIOSA, DOMINIC | |
| STREET ADDRESS | 1121 HERITAGE ROAD | |
| CITY-ST-ZIP | BURLINGTON ONTARIO CANADA | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SPIEGEL, SIDNEY | |
| STREET ADDRESS | 262 WILSON AVENUE | |
| CITY-ST-ZIP | DOWNSVIEW-ONTARIO-CANADA | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SPIEGEL, ROBERT | |
| STREET ADDRESS | 262 WILSON AVENUE | |
| CITY-ST-ZIP | DOWNSVIEW-ONTARIO-CANADA | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | HARRISON, MICHAEL | |
| STREET ADDRESS | 11041 ROCKET BLVD. | |
| CITY-ST-ZIP | KORLANDO FL 32824 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

Date

Daytime Phone #

03/24/00 407-955-3191

CR2E034 (9/99)