

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000063234

1. Entity Name

NATIONAL RESTORATION CONTRACTORS, INC.

FILED

Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90139 039 ***150.00

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|---|--|
| Principal Place of Business 6065 NW 167 ST MIAMI FL 33015 US | Mailing Address 6065 NW 167 ST MIAMI FL 33015-4315 US |
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| 2. Principal Place of Business 6187 NW 167 ST. Suite, Apt. #, etc. H-5 | 3. Mailing Address 6187 NW 167 ST Suite, Apt. #, etc. H-5 |
|---|--|

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|-----------------------|-----------------------|-----------------------------|-------------------------------|
| City & State MIAMI | City & State MIAMI | 4. FEI Number 65-0438144 | Applied For Not Applicable |
| Zip 33015 | Country US | Zip 33015 | Country US |



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 6. Name and Address of Current Registered Agent MORAITIS, GEORGE R 915 MIDDLE RIVER DRIVE SUITE 506 FT LAUDERDALE FL 33304 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$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 | DP FUXA, ANDREW 4830 ROOSEVELT STREET HOLLYWOOD FL 33021 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST FUXA, JULIA 4830 ROOSEVELT STREET HOLLYWOOD FL 33021 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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: Andrew Fuxa (ANDREW FUXA) 2/29/00 304-820-3612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)