

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90023 002 \*\*\*150.00

**DOCUMENT # P93000063234**

**1. Entity Name**  
**NATIONAL RESTORATION CONTRACTORS, INC.**

**Principal Place of Business**

**Mailing Address**

~~8187 NW 67 ST~~  
~~FL~~  
~~MIAMI FL 33015~~  
~~US~~

~~8187 NW 67 ST~~  
~~FL~~  
~~MIAMI FL 33015~~  
~~US~~

**2. Principal Place of Business**

**3. Mailing Address**

**4830 ROOSEVELT ST.**

**P.O. BOX 813473**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**16119 WOOD**

**FLORIDA**

**16119 WOOD, FL.**

**Zip 33021**

**Country USA**

**Zip 33081-3473**

**Country USA**



DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**65-0438144**

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**

**MORATIS, GEORGE R**  
**915 MIDDLE RIVER DRIVE**  
**SUITE 508**  
**FT LAUDERDALE FL 33304**

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, 2002 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**

**DP** ☐ Delete  
**FUXA, ANDREW**  
**4830 ROOSEVELT STREET**  
**HOLLYWOOD FL 33021**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DST**  
**FUXA, JULIA**  
**4830 ROOSEVELT STREET**  
**HOLLYWOOD FL 33021**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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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 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

**ANDREW FUXA**

**4/4/02**

**954-914-0732**

Date

Daytime Phone #

CR2E034 (9/01)