## **2000 UNIFORM BUSINESS REPORT (UBR)**

**SIGNATURE:** 

## DOCUMENT # P93000080627 Jan 14, 2000 8:00 am Secretary of State STRUCTURE SERVICES, INC. 01-14-2000 90047 046 \*\*\*158.75 Principal Place of Business Mailing Address 9500 N.W. 12 STREET, BAY 1 2323 S.W. 67 AVE. MIAMI FL 33172-2830 MIAMI FL 33155 しりりりんりつつ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0457152 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANGELO, HENRY III Street Address (P.O. Box Number is Not Acceptable) 9500 NW 12 ST BAY 1 **MIAMI FL 33172** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE ANGELO, HENRY JR. NAME NAME STREET ADDRESS STREET ADDRESS 8335 S.W. 84 TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33143 ☐ Change ☐ Addition ☐ Delete TITLE ANGELO, EDWARD NAME STREET ADDRESS STREET ADDRESS 5130 CARILLO STREET CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33146 Addition Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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