## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 09, 2001 8:00 am Secretary of State DOCUMENT # P94000032524 1. Entity Name R.G.R. MASONRY, INC. 04-09-2001 90034 020 \*\*\*150.00 Principal Place of Business Mailing Address 1230 SW 13TH ST P.O. BOX 2547 **BOCA RATON FL 33486 BOCA RATON FL 33427** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For ... City & State 4. FEI Number 65-0483593 Not Applicable Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent PALAZZO, ANTHONY C 1230 S.W. 13TH STREET **BOCA RATON FL 33486** 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) 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, 2001 Fee will be \$550.00 = . . . Tax filing requirement and elects to do so: ----Trust Fund Contribution. " Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) ALAZZO, Anthony, C. **Change** Z Delete TITLE TITLE 1241 S.W. Yth COURT BOCG Raton Florida 33432 PALAZZO, ROSEAN RChange 1241 S.W. 4th Court PALAZZO, ANTHONY C NAME 1230 SW 13TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOXA RATON FL** CITY-ST-ZIP TITLE Delete PALAZZO, ROSEANN NAME NAME STREET ADDRESS 1230 SW 13TH STREET STREET ADDRESS Bora Raton Florida 33432 **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/5/01

338-968-3 561 Phone #