

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000038100

1. Entity Name

STARCHOK CONTRACTING CO., INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90033 001 \*\*\*150.00

Principal Place of Business

Mailing Address

NW 17TH WAY

PO BOX 50074

LIGHTHOUSE PT FL 33074-0074

US

2. Principal Place of Business

3. Mailing Address

1260 NW 49TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

4. FEI Number

65-0498017

Applied For

Not Applicable

Zip

Country

Zip

Country

33064

BROWARD

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

STARCHOK, LAWRENCE G

3605 NW 17TH WAY

STE 206

OAKLAND PARK FL 33309

Name

STARCHOK, LAWRENCE G

Street Address (P.O. Box Number is Not Acceptable)

1260 NW 49TH ST

City

Pompano Beach FL

Zip Code

33064

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 DPVS ☐ Delete  
NAME STARCHOK, LAWRENCE G  
STREET ADDRESS 21387 TOWN LAKES DRIVE #1333  
CITY-ST-ZIP POMPANO BCH FL 33486

TITLE DPS ☒ Change ☐ Addition  
NAME STARCHOK, LAWRENCE G  
STREET ADDRESS 1260 NW 49TH ST  
CITY-ST-ZIP Pompano Bch, FL 33064

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

4/29/00

954-418-8031

CR2E034 (9/99)