

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000075364

1. Entity Name

SKLENKA CONSTRUCTION, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90094 017 ***150.00

Principal Place of Business

Mailing Address

14272 SW 121 PLACE
 MIAMI FL 33186

14272 SW 121 PLACE
 MIAMI FL 33186-6078

2. Principal Place of Business

19631 CUTLER COURT

3. Mailing Address

19631 CUTLER COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

Country

33189 USA

Zip

Country

33189 USA

4. FEI Number

65-0536058

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

SKLENKA, CHARLES A
 9887 S.W. 221 TERRACE
 MIAMI FL 33190

Name

CHARLES A. SKLENKA

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

19631 CUTLER COURT

City

MIAMI

FL

Zip Code
 33189

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

4/13/00

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 ☐ Delete
 NAME D
 STREET ADDRESS SKLENKA, CHARLES A
 CITY-ST-ZIP 9887 S.W. 221 TERRACE
 MIAMI FL 33190

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 ☐ 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 CHARLES A. SKLENKA

Date

Daytime Phone #

4/13/00 (305) 53-9442

CR2E034 (9/99)