## 2000 UNIFORM BUSINESS REPORT (UBR)

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## FILED May 04, 2000 8:00 am Secretary of State DOCUMENT # **P94000078028** COURTYARD CONSTRUCTION, INC. 05-04-2000 90224 035 \*\*\*150.00 Mailing Address Principal Place of Business 10260 N.W. 47TH ST. 10260 N.W. 47TH ST. SUNRISE FL 33351-7967 SUNRISE FL 33351 PHATLAR 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0535691 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WACHS, JEFFREY S Street Address (P.O. Box Number is Not Acceptable) 1177 S.E. 3RD AVE. FORT LAUDERDALE FL 33316 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. Change ☐ Addition 074 (19/99) DPST TITLE Delete TITLE VITOLO, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 10260 N.W. 47TH AVE. CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33351 Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete DILE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supp indicated on this report or supplemental report is to of the corporation or the receiver or trustee empore

other like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

oseph Vitalo 4/28/00 954-572-4454