2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P95000009183 Mar 31, 2000 8:00 am **Secretary of State** FLORIDA CURBING INC. 03-31-2000 90068 016 ***158.75 Principal Place of Business Mailing Address 1011 NW 52ND STREET 1011 NW 52ND STREET FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33060-7172 2. Principal Place of Business 3. Mailing Address 351 S. Cypress BO Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 404 Applied For City & State City & State 4. FEI Number 65-0788243 FL Rombons Buch Not Applicable Country レシム Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required B5r 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TURCK, JIM Street Address (P.O. Box Number is Not Acceptable) 1011 NW 52 ST FT LAUDERDALE FL 33309 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 **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD $q \cdot T \cdot \mathcal{F}$ Change ☐ Addition CR2E 0(14 (1)(11) Delete TITLE TITLE tusek TURCK, JIM NAME James NAME 351 5. 648183 80 STREET ADDRESS STREET ADDRESS 1011 NW 52 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33309 ■ Addition ☐ Delete Change TITLE Rudolph T. Polsell: Jr POLSELLI, RUDOLPH T JR NAME NAME 351 S gras Ro STREET ADDRESS STREET ADDRESS 6509-1 BAY CLUB DR. CITY-ST-ZIP 33060 CITY-ST-ZIP FT. LAUDERDALE FL 33308 Change Addition ☐ Delete 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-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ De'ete TITLE 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