

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000048615

1. Entity Name

SOUTH FLORIDA CONTRACTORS INC.

Principal Place of Business

8895 N. MILITARY TRAIL
BLDG. B SUITE 102
PALM BEACH GARDENS FL 33410

Mailing Address

8895 N. MILITARY TRAIL
BLDG. B SUITE 102
PALM BEACH GARDENS FL 33410-6220

2. Principal Place of Business

3281 LAKE WORTH ROAD

3. Mailing Address

3281 LAKE WORTH ROAD

Suite, Apt. #, etc.

SUITE H

Suite, Apt. #, etc.

SUITE H

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

Zip

33461

Country

USA

Zip

33461

Country

USA

6. Name and Address of Current Registered Agent

LABBE, JULIAN
244 BROWARD AVE.
GREENACRES FL 33463

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Julian Labbe

(NOTE: Registered Agent signature required when reinstating)

4/20/00

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

TITLE: ☐ Delete
NAME: LABBE, JULIAN
STREET ADDRESS: 244 BROWARD AVE.
CITY-ST-ZIP: GREENACRES FL 33463

TITLE: ☐ Delete
NAME: VP
NAME: MAZZA, MARIO
STREET ADDRESS: 3010 MAINSAIL CIRCLE
CITY-ST-ZIP: JUPITER FL 33477

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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

JULIAN LABBE

Date

4/26/00

Daytime Phone #

561-439-3678

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90008 049 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0590040 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

CR 04-1199