2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED DOCUMENT # **P95000061865** Apr 20, 2000 8:00 am Secretary of State SIEPAT CONSTRUCTION, INC. 04-20-2000 90106 040 ***150.00 Mailing Address Principal Place of Business 3047 NW 60TH ST P.O. BOX 5201 LIGHTHOUSE POINT FL 33074-5201 FT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address 220/ NE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For 4. FE! Number City & State 65-0600211 ighthous Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHORE, BARBARA A Street Address (P.O., Box Numb 1951 NN.W. 19 STREET #103 **BOCA RATON FL 33431** 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 Trust Fund Contribution. Added to Fees (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 TITLE Delete TIT! F NAME SIEBERT, WAYNE STREET ADDRESS 18 SOUTH DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Delete TITLE Change ■ Addition TITLE PATRICK, MARK NAME NAME STREET ADDRESS STREET ADDRESS 2201 N.E. 34 COURT CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 Change ☐ Addition TIT! F TITLE Delete PATRICK, SHARON NAME NAME STREET ADDRESS STREET ADDRESS 2201 N.E. 34 COURT CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAMÉ 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