

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90170 011 ***158.75

DOCUMENT # P95000068087

1. Entity Name

ALL FLORIDA CONTRACTORS GROUP LTD., INC.

Principal Place of Business

**4811 NW 65TH AVE.
LAUDERHILL FL 33319**

Mailing Address

**4811 NW 65TH AVE.
LAUDERHILL FL 33319**

2. Principal Place of Business

1143 N.E. 7th Ave.

Suite, Apt. #, etc.

3. Mailing Address

1143 N.E. 7th Avenue

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33304

Country

U.S.

City & State

FT. LAUDERDALE, FL

Zip

33304

Country

U.S.

4. FEI Number

NOT APPLICABLE

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SANDS, RAYMOND

4811 NW 65TH AVE.

LAUDERHILL FL 33319

7. Name and Address of New Registered Agent

Name

DOMINIQUE TAMECKI

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

1143 N.E. 7th Avenue

City

Fort Lauderdale

FL

Zip Code
33304

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 **DOMINIQUE TAMECKI - PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

2/1/01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SANDS, RAYMOND 4811 NW 65TH AVE. LAUDERHILL FL 33319	<input checked="" type="checkbox"/> Delete
--	--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOMINIQUE TAMECKI 1143 N.E. 7th Avenue Fort Lauderdale FL 33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARC TAMECKI 1143 S.E. 7th Avenue Fort Lauderdale FL 33304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
--	---	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOZENNA TAMECKI 1143 S.E. 7th Avenue Fort Lauderdale, FL 33304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
--	---	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

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:

DOMINIQUE TAMECKI

DOMINIQUE TAMECKI

2/1/01

(954) 832-9030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**

Date

Daytime Phone #

CR2E034 (10/00)