

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90057 012 ***150.00

DOCUMENT # P95000068087

1. Entity Name
ALL FLORIDA CONTRACTORS GROUP LTD., INC.

Principal Place of Business
1143 NE 7TH AVENUE
FORT LAUDERDALE FL 33304

Mailing Address
1143 NE 7TH AVENUE
FORT LAUDERDALE FL 33304



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
110 E Broward Blvd
 Suite, Apt. #, etc. **1700**

3. Mailing Address
110 East Broward Blvd
 Suite, Apt. #, etc. **1700**

City & State
Fort Lauderdale FL
Zip **33301** **Country** **Broward**

4. FEI Number **65-1070390** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
TAMECKI, DOMINIQUE
1143 NE 7TH AVENUE
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent
Name **Dominique Tamecki**
Street Address (P.O. Box Number is Not Acceptable)
110 East Broward Blvd #1700
City **Fort Lauderdale FL** **Zip Code** **33301**

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** **1-3-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAMECKI, DOMINIQUE NE 7TH AVENUE FORT LAUDERDALE FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAMECKI, MARC 1143 NE 7TH AVENUE FORT LAUDERDALE FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAMECKI, BOZENNA 1143 NE 7TH AVENUE FORT LAUDERDALE FL 33304	<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 110 East Broward Blvd. #1700 Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tamecki Mark	<input checked="" 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
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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-02 **954-605-2767**
Date Daytime Phone #

CR2E034 (9/01)