

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000086338

1. Entity Name

THE BUILDING DEPARTMENT, INC.

FILED

Feb 07, 2001 8:00 am  
Secretary of State

02-07-2001 90138 003 \*\*\*158.75

Principal Place of Business Mailing Address  
4350 W. SUNRISE BLVD. 4350 W. SUNRISE BLVD.  
SUITE 103 SUITE 103  
PLANTATION FL 33313 PLANTATION FL 33313

2. Principal Place of Business 3. Mailing Address  
11860 W. STATE RD 84 11860 W. STATE RD 84  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
STE # 1 STE # 1

City & State City & State  
FT. LAUDERDALE, FL FT. LAUDERDALE, FL

Zip Country Zip Country  
33325 USA 33325 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0620100 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZARCO, MARY JO  
4350 W SUNRISE BLVD.  
SUITE 103-D  
PLANTATION FL 33313

Name Wright, Dickerson  
Street Address (P.O. Box Number is Not Acceptable)  
11860 W. STATE RD 84 STE # 1  
City FT. LAUDERDALE FL Zip Code 33325

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 Wright, Dickerson DATE 1-23-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ELZWEIG, GARY H.	
STREET ADDRESS	12260 SW 2ND ST	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	P	<input type="checkbox"/> Delete
NAME	ZARCO, MARY JO	
STREET ADDRESS	4859 NW 124TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	WRIGHT, DICKERSON	
STREET ADDRESS	7895 CONVOY CT STE # 118	
CITY-ST-ZIP	SAN DIEGO CA 92111	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	WASILEWSKI, JOSEPH	
STREET ADDRESS	631 LINCROFT SPRINGS RD	
CITY-ST-ZIP	LINCROFT NJ 07738	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOHNSON, KURT	
STREET ADDRESS	4859 NW 124TH WY	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11860 W. STATE RD 84 STE # 1	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33325	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Gary Elzweig DATE 1-23-01 DAYTIME PHONE # 954-581-2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)