

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000032264

1. Entity Name

SZERDI CONSTRUCTION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90259 004 ***150.00

Principal Place of Business

Mailing Address

~~2500 N. FEDERAL HWY.~~
~~301~~
~~FT. LAUDERDALE FL 33305~~

~~2500 N. FEDERAL HWY.~~
~~301~~
~~FT. LAUDERDALE FL 33339-1294~~

2. Principal Place of Business

2627 NE 27 Ave

3. Mailing Address

P O Box 11294

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FT. Lauderdale

City & State

City & State

FL

FT. Lauderdale

Zip

Country USA

Zip

Country USA

33306

BROWARD

33339

BROWARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEACHAM, ROBERT
ONE FINANCIAL PLAZA
SUITE 2606
FT. LAUDERDALE FL 33394

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SZERDI, JOHN
STREET ADDRESS ~~3401 ROBBINS RD~~
CITY-ST-ZIP ~~POMPANO BCH FL 33064~~

TITLE
NAME
STREET ADDRESS P O Box 11294
CITY-ST-ZIP Ft. Lauderdale FL 33339

TITLE STD
NAME WILLIAMS, CYNTHIA
STREET ADDRESS 2627 NE 27 AVE
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4.28.00

Date

954 564 9909

Daytime Phone #

CR2E034 (9/99)