

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000032264

1. Entity Name
SZERDI CONSTRUCTION, INC.

FILED
May 14, 2001 8:00 am
Secretary of State
05-14-2001 90207 039 ***150.00

Principal Place of Business
2627 NE 27TH AVE
FORT LAUDERDALE FL 33306

Mailing Address
~~PO BOX 11294~~
FT. LAUDERDALE FL 33339

2. Principal Place of Business

3. Mailing Address
2627 NE 27 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0699840

Applied For
Not Applicable

Zip

Country

Zip 33306

Country

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

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, 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
NAME PD
STREET ADDRESS SZERDI, JOHN
CITY-ST-ZIP ~~PO BOX 11294~~
FT. LAUDERDALE FL 33339 ☐ Delete

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS PO Box 411
CITY-ST-ZIP Taos, NM 87571

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CYNTHIA GS WILLIAMS

4/30/01 954.564.9909
Date Daytime Phone #

CR2E034 (10/00)