

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054231

1. Entity Name

PAUL BARROW & SON ENGINEERING CONTRACTOR INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90053 025 ***150.00

Principal Place of Business

1499 NW 17TH ST
HOMESTEAD FL 33030

Mailing Address

1499 NW 17TH ST
HOMESTEAD FL 33030-2844

2. Principal Place of Business

1350 N.W. 4th street
Suite, Apt. #, etc.
Homestead Florida

City & State

Zip

33030

Country

Dade

3. Mailing Address

1350 N.W. 4th street
Suite, Apt. #, etc.
Homestead, Florida

City & State

Zip

33030

Country

Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0660312

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

BARROW, PAUL I
1499 NW 17TH ST
HOMESTEAD FL 33030

Name

Barrow, Paul I

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

1350 N.W. 4th street

City

Homestead

FL

Zip Code

33030

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	P	<input type="checkbox"/> Delete
NAME	BARROW, PAUL I	
STREET ADDRESS	1499 NW 17 ST	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BARROW, LEANNA	
STREET ADDRESS	1499 NW 17TH ST	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SAN GERMAN, VICTOR M	
STREET ADDRESS	14251 S.W. 74 TERR.	
CITY-ST-ZIP	MIAMI FL 33183-2901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/00 305-247-6753
Date Daytime Phone #

CR2E034 (9/99)