

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90057 020 ***150.00

DOCUMENT # P96000079962

1. Entity Name

CORE CONSTRUCTION GROUP, INC.

Principal Place of Business

Mailing Address

ALEGRE CRICLE
ORLANDO FL 32836

8654 ALEGRE CIRCLE
ORLANDO FL 32836-6316
US

2. Principal Place of Business

3. Mailing Address

9768 BAY VISTA
Suite, Apt. #, etc.
ESTATES BOULEVARD

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State

Zip **32836** **Country** **USA**

Zip

Country

4. FEI Number **59-3432629**

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

HAIDER, DILRUBA
8654 ALEGRA CIRCLE
ORLANDO FL 32836

Name **DILRUBA HAIDER**

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

9768 BAY VISTA ESTATES
BOULEVARD

City **ORLANDO**

FL

Zip Code

32836

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 *Dilruba Haider*

4/24/00

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	D	<input type="checkbox"/> Delete
NAME	HAIDER, DILRUBA	
STREET ADDRESS	8654 ALEGRA CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	51% SHARE	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PROJECT DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SYED IQBAL HAIDER	
STREET ADDRESS	9768 BAY VISTA ESTATES BLVD	
CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE	49% SHARE	<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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:

Dilruba Haider

4/24/00

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR