

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # P97000009027

1. Entity Name
AIRAM CONSTRUCTION GROUP, INC.

Principal Place of Business
547 NW 9TH AVE
#1
FT LAUDERDALE FL 33311 US

Mailing Address
PO BOX 16935
PLANTATION FL 33318 US

2. Principal Place of Business
547 NW 9TH AVE

3. Mailing Address
PO BOX 14303

Suite, Apt. #, etc.
SUITE #1

Suite, Apt. #, etc.

City & State
FT LAUDERDALE FL

City & State
FT. LAUDERDALE FL

Zip
33311

Country
US

Zip
33302

Country
US

4. FEI Number
65-0746019

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FREEMAN MARIA
547 NW 9 AVE
STE 1
FORT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent
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 _____ DATE 05/01/2001
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

TITLE	D	Delete
NAME	FREEMAN MARIA	☐
STREET ADDRESS	547 NW 9 AVE STE #1	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change	Addition
NAME	☐	☐
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐	☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐	☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐	☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐	☐
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: MARIA FREEMAN

D

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)