

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

0607087

**DOCUMENT # P97000009467**

1. Entity Name

**ASSOCIATED AMERICAN CONSTRUCTION INDUSTRIES, INC**

03-21-2001 90045 040 \*\*\*150.00

Principal Place of Business

5249 HIATUS RD.  
 SUNRISE FL 33351

Mailing Address

5249 HIATUS RD.  
 SUNRISE FL 33351

2. Principal Place of Business

3. Mailing Address

PO Box 450256

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise, FL

4. FEI Number

65-0725929

Applied For

Not Applicable

Zip

Country

Zip

Country

33345

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

MCCLEOD, M  
 10440 NW 50 ST  
 SUNRISE FL 33351

Name

C. David Tangora, ESQ.

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

200 S.E. 18th COURT

City

Ft. Lauderdale

FL

Zip Code

33314

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

Michele M. McLeod

3/19/01

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  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Delete

MCCLEOD, M  
 10440 NW 50TH ST  
 SUNRISE FL 33351

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

VP  
 Michele McLeod  
 PO Box 450256  
 Sunrise, FL 33345

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

P  
 Carl Borge  
 PO Box 450256  
 Sunrise, FL 33345

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
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☐ 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:

Michele M. McLeod

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01

Date

746-5823

Daytime Phone #

CR2E034 (10/00)