FILED May 16, 2002 8:00 am Secretary of State 05-16-2002 90052 004 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (URR)

				03-10-2002	2 90032 004 11130.00	
DOCU	MENT # P9700001	5196				
J	ULIANO CONSTRUCTION (CORPORATION				
	DO NOT WRITE	IN THIS SE	PACE		4	
2. Principal Place of Business 24 WIMBLEDON LAKE DRIVE Suite, Apt. #, etc.		3. Mailing Address 24 WIMBLEDON	LAKE DRIVE			
		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & Stat		City & State	***************************************	4. FEJ Number	Applied For	
	ATION, WL	PLANTATION, F	************	65-0749915	Not Applicable	
^{zip} 33324		^{Zip} 33324	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
			SSSSSSS Name	7. Name and Address of Current Re	gistered Agent	- -
	DO NOT WI	RITE	ENRICO	ENRICO JULIANO, SR. Street Address (P.O. Box Number is Not Acceptable)		
	IN THIS SP		24 WIME	LEDON LAKE DRIVE		

9 The share			City PLANTAT	ION	FL Zip Code 33324	
o. The 2004e	e named entity submits this statement for	the purpose of changing its r	egistered office or register	ed agent, or both, in the State of Florida	3.	
SIGNATURE .	Signature, typed or printed name of registered agent an	of this if nonlicable	Designation of Assessment			
9. This cared	pration is eligible to satisfy its intangible		Registered Agent signature required by 1. Fee its \$150:00	when reinstating)	DATE	:
Tax filing requirement and elects to do so. (See cyleria on back) After			Fee is \$550.00 UBR is \$61.25 e to Department of Stat	10. Election Campaign Financ Trust Fund Contribution.	ding \$5.00 May Be Added to Fees	
11. NTLE	OFFICERS AND D	IRECTORS				
NAME STREET ADDRESS	ENRICO JULIANO, SR.		HILE HAME STREET ADDRESS			CRZE0348 (12/01)
CITY-ST-ZIP	PLANTATION, FL 33324		CFTY+ST-ZIP			X X X
TITLE NAME	SUSAN WOOLEVER		THE			ZEC
STREET ADDRESS	s 24 WIMBLEDON LAKE DRIVE		STREET ADDRESS			៊ី
CITY-ST-ZIP TITLE	PLANTATION, FL 333	24	CSTY-SE-EP			
NAME	Michael Juliano		TITLE NAME			
STREET ADORESS CITY-ST-ZIP	Michael Juliano 24 Wimbledon Lake Drive Plantation Fl. 33324		STREET ADDRESS City-St-89	DO NOT W	/RITE	
TITLE NAME	, ,	·	HIE NAME	IN THIS SI	PACE	
STREET ADDRESS		•	STREET ADDRESS			
City-St-Zip Title			C11.7-21-30			
NAME			TTALE NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS			
TITLE		***************************************	CITY-ST-BP			
NAME STREET ADDRESS			NAME			
CITY-ST-ZIP			STREET AODRESS CITY-ST-ZIP			
13. I hereby of indicated of the cor	ertify that the information supplied with the on this report or supplemental report is transfer or trustee emporemental report is transfer or trustee emporemental report in the receiver or trustee emporement.	nis filling does not qualify for the and accurate and that my	R. he exemption stated in Sec	tion 119.07(3)(i), Florida Statutes. I furt ame legal effect as if made under oath	her certify that the information	
attachmer	poration or the receiver or trustee empor nt with an address, with all other like emp	owered.	as required by Chapter 60	7, Florida Statutes; and that my name a	appears in Block 11 or on an	
SIGNAT	URE: SIGNATURE AND TYPES OF PRIN	NTED NAME OF SIGNING OFFICEN OF	A DIRECTOR	4/30/02 9	754 236-2230	
			***************************************	Oute	Daytime Phone /	