

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000041723**

1. Entity Name

CONSTRUCTION INDUSTRY PROFESSIONAL SEMINARS, INC**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90179 025 ***150.00

Principal Place of Business

1103 E LAS OLAS BLVD
200
FT LAUDERDALE FL 33301-315
US

Mailing Address

1103 E LAS OLAS BLVD
200
FT LAUDERDALE FL 33301-315
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0802855**

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**SPIEGEL, ROSS
1103 E LAS OLAS BLVD
SUITE 200
FT LAUDERDALE FL 33301-2315

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

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 State10. 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** ☐ Delete
NAME **SPIEGEL, ROSS**
STREET ADDRESS **1103 E LAS OLAS BLVD SUITE 200**
CITY-ST-ZIP **FT LAUDERDALE FL 33301-2315**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **JUST, PAUL W III**
STREET ADDRESS **2743 NE 20TH CT SUITE #2**
CITY-ST-ZIP **FT LAUDERDALE FL 33305**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: ROSS SPIEGEL, DIRECTOR ROSS SPIEGEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/07/01

Date

(954) 463-8900x24

Daytime Phone #

CR2E034 (10/00)