

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90263 046 ***150.00

DOCUMENT # P97000071999

1. Entity Name
 LEWIS BARNES CONSTRUCTION CORPORATION

Principal Place of Business
 8925 S.W. 148 Street
 Suite 218
 Miami, Fl. 33176

Mailing Address
 SAME

2. Principal Place of Business
 8925 S.W. 148 Street
 Suite, Apt. #, etc.

3. Mailing Address
 8925 S.W. 148 Street
 Suite, Apt. #, etc.

Suite 218
 City & State
 Miami, Florida

Suite 218
 City & State
 Miami, Florida

Zip 33176

Country

Zip 33176

Country

4. FEI Number
 65-0775550

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

S.K.R.L.D., INC.
 201 Alhambra Circle
 Suite 1102
 Coral Gables, Florida 33134

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
 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 11, 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**

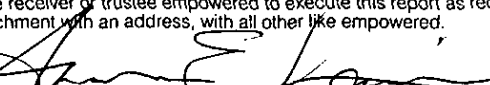
10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	Lewis, Thomas E.	
STREET ADDRESS	8925 S.W. 148 St., Ste 218	
CITY-ST-ZIP	Miami, Fl. 33176	
TITLE	VPAS	☐ Delete
NAME	Barnes, Joel D.	
STREET ADDRESS	8925 S.W. 148 St., Ste 218	
CITY-ST-ZIP	Miami, Fl. 33176	
TITLE	ST	☒ Delete
NAME	Klisiewicz, Frances	
STREET ADDRESS	8925 S.W. 148 St., Ste 218	
CITY-ST-ZIP	Miami, Fl. 33176	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Thomas E. Lewis

April 27, 2000

Date

Daytime Phone #

CR2E037 (9/99)