


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <b>P970000073550</b>	
1. Entity Name <b>HIBISCUS CONSTRUCTION OF BROWARD INC</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**03 APR 29 AM 7:30**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>449 POINCIANA DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>449 POINCIANA DR</b> Suite, Apt. #, etc.	
City & State <b>HALLANDALE FL</b>		City & State <b>HALLANDALE FL</b>	
Zip <b>33009</b>	Country <b>USA</b>	Zip <b>33009</b>	Country <b>USA</b>

000017311080  
04/29/03--01061--011 \*\*300.00

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

4. FEI Number <b>65-0786618</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
7. Name and Address of Current Registered Agent		
Name <b>MICHAEL A LANGONE</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>449 POINCIANA DR</b>		
City <b>HALLANDALE</b>		FL Zip Code <b>33009</b>

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. I am familiar with, and accept the obligations of registered agent.  <i>Michael A Langone</i> SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE
January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT MICHAEL A LANGONE 449 POINCIANA DR HALLANDALE FL 33009</b>	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		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address with all other like empowered.			
SIGNATURE:	<i>Michael A Langone</i>	Date	<b>3/27/03</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	<b>954 9201230</b>

CR2E034B (12/02)