2000 UNIFORM BUSINESS REPORT/(UBR)

Suite, Apt. #, etc

City & State

DOCUMENT # **P97000090099**

Suite, Apt. #, etc.

LABBE, JULIAN

244 BROWARD AVE. GREENACRES FL 33463

8. The above named entity submits this

City & State

Zip

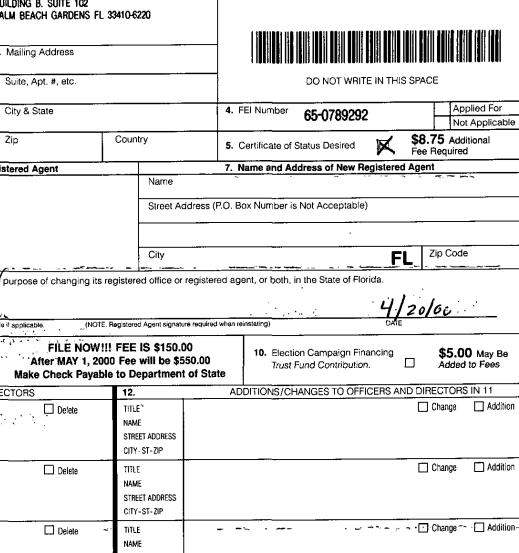
SOUTH FLORIDA GENERAL CONTRACTORS, INC.

Mailing Address Principal Place of Business 8895 NORTH MILITARY TRAIL 895 NORTH MILITARY TRAIL BUILDING B. SUITE 102 **BUILDING B. SUITE 102** PALM BEACH GARDENS FL 33410-6220 PALM BEACH GARDENS FL 33410 3. Mailing Address 2. Principal Place of Business

6. Name and Address of Current Registered Agent

May 09, 2000 8:00 am Secretary of State

05-09-2000 90007 031 ***158.75



SIGNATURE (NOTE, Registered Agent signature required when reinstating title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 11. 12. TITLE" Delete LABBE, JULIAN NAME NAME 3010 MAINSAIL CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JUPITER FL 33477 TITLE TITLE Delete MAZZA, MARIO NAME NAME 3010 MAINSAIL CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JUPITER FL 33477 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

Country

Name

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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR