

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099386

1. Entity Name

LOUIS FRIEND CONSTRUCTION COMPANY

Principal Place of Business

855 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33019

Mailing Address

P O BOX 221310
HOLLYWOOD FL 33022-1310
US

2. Principal Place of Business

3450 Executive Way

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miramar Florida

City & State

4. FEI Number

65-0795574

Applied For

Not Applicable

Zip

33025

Country

USA

Zip

Country

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

FRIEND, LOUIS S
855 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33019

Name

Louis Friend

Street Address (P.O. Box Number is Not Acceptable)

1411 Harrison St

City

Hollywood

FL

Zip Code

33020

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

L Friend Louis Friend

4/14/00

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME FRIEND, LOUIS S
STREET ADDRESS 855 HOLLYWOOD BOULEVARD
CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Delete

TITLE PD
NAME FRIEND, LOUIS
STREET ADDRESS 1411 Harrison St
CITY-ST-ZIP Hollywood, FL 33020 ☒ Change ☐ Addition

TITLE VP
NAME WOLF, WILBUR
STREET ADDRESS 9816 N. W. 41 ST.
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

L Friend LOUIS FRIEND

4/14/00

954-922
0883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED

Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90003 038 ***150.00