

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000032187

1. Entity Name

BIANCO CONSTRUCTION, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90111 026 ***150.00

Principal Place of Business

7510 MIAMI VIEW DR
N. BAY VILLAGE FL 33141

Mailing Address

7510 MIAMI VIEW DR
N. BAY VILLAGE FL 33141-4035

2. Principal Place of Business

3. Mailing Address

3960 SW 61 Ave
Suite, Apt. #, etc.

3960 SW 61 Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL 33314

4. FEI Number

65-0825383

Applied For

Not Applicable

Zip

33314

Country

Broward

Zip

33314

Country

Broward

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

GREENE, RICHARD P
2455 EAST SUNRISE BLVD. STE. 905
FORT LAUDERDALE FL 33304

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BIANCO, LOUIS D
7510 MIAMI VIEW DR
N. BAY VILLAGE FL 33141

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BIANCO, DOMINICK
7510 MIAMI VIEW DR
N. BAY VILLAGE FL 33141

☒ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

Director
Bianco, Louis D.
3960 SW 61 Ave.
Ft. Lauderdale, FL 33314
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-00

Date

(954) 214-4394

Daytime Phone #

CR2E034 (9/99)