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## 2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

## Apr 08, 2002 8:00 am Secretary of State P98000032187 DOCUMENT # 1. Entity Name 04-08-2002 90069 002 \*\*\*150.00 BIANCO CONSTRUCTION, INC. Mailing Address Principal Place of Business 3960 SW 61 AVE 3960 SW 61 AVE FORT LAUDERDALE FL 33314 FORT LAUDERDALE FL 33314 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0825383 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GREENE, RICHARD P Street Address (P.O. Box Number is Not Acceptable) 2455 EAST SUNRISE BLVD. STE. 905 FORT LAUDERDALE FL 33304 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE BIANCO, LOUIS D NAME NAME STREET ADDRESS 7510 MIAMI VIEW DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. BAY VILLAGE FL 33141 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME BIANCO, LOUIS D STREET ADDRESS STREET ADDRESS 3960 SW 61 AVE CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE FL 33314 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME BIANCO, CAROLEE STREET ADDRESS STREET ADDRESS 3960 SW 61 AVENUE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33314 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with his 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 faccurate 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 truetee empowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver changed, or on an attachment wi

Cours D. Bianco