

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000032815

1. Entity Name

UNITED CUSTOM BUILDERS & RENOVATORS, INC.

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90237 029 ***550.00

Principal Place of Business

1121 E. COMMERCIAL BLVD.
SUITE B
FORT LAUDERDALE FL 33334

Mailing Address

1121 E. COMMERCIAL BLVD.
SUITE B
FORT LAUDERDALE FL 33334



2. Principal Place of Business

4778 NE 11th Ave
Suite, Apt. #, etc.

3. Mailing Address

4778 NE 11th Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Oakland Park FL

City & State

Oakland Park FL

4. FEI Number

65-0832054

Applied For

Not Applicable

Zip

33334

Country

USA

Zip

33334

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RINKUS, JOSEPH

5157 NW 11TH LN.

FORT LAUDERDALE FL 33064

7. Name and Address of New Registered Agent

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

7/23/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RINKUS, JOSEPH
5157 NW 11TH LANE
FORT LAUDERDALE FL 33064 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
YENTZ, RON
1525 SE 15TH ST. #25
FORT LAUDERDALE FL 33316 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

July 21, 2001

954-931-4384

CR2E034 (5/01)