

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069341

1. Entity Name

CO CONSTRUCTION AND MANAGEMENT SERVICE, INC.

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90073 001 ***450.00

1 4 4 0 4



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1489 W. PALMETTO PARK RD.,STE.485 BOCA RATON FL 33486	Mailing Address 1489 W. PALMETTO PARK RD.,STE.485 BOCA RATON FL 33486-3327
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2. Principal Place of Business 6700 Broken Sound Pkwy NW Suite, Apt. #, etc. Suite 200 City & State Boca Raton, FL Zip 33487 Country USA	3. Mailing Address 6700 Broken Sound Pkwy NW Suite, Apt. #, etc. Suite 200 City & State Boca Raton, FL Zip 33487 Country USA
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4. FEI Number 65-0856796	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CANTOR, SAMUEL J 1489 W. PALMETTO PARK RD.,STE.485 BOCA RATON FL 33486	7. Name and Address of New Registered Agent Name Cantor, Samuel J. Street Address (P.O. Box Number is Not Acceptable) 6700 Broken Sound Pkwy NW Suite 200 City Boca Raton, FL Zip Code 33487
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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 DATE 4/29/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTOR, SAMUEL J 1489 W. PALMETTO PARK RD.,STE.485 BOCA RATON FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cantor, Samuel J 6700 Broken Sound Parkway NW, #200 Boca Raton, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE 4/29/00 561 982 9553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL J. CANTOR

CR2E034 (9/99)