

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076472

1. Entity Name

FELIX ASPHALT OF FLORIDA, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90007 006 ***150.00

Principal Place of Business

Mailing Address

5100 29TH COURT
 VERO BEACH FL 32967

5100 29TH COURT
 VERO BEACH FL 32967-6235

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0858778

Applied For

Not Applicable

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

BUSTAMANTE, NESTOR III, ESQ
 FERENCIK, LIBANOFF, BRANDT & BUSTAMANTE PA
 150 S PINE ISLAND RD, STE 400
 FORT LAUDERDALE FL 33324

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 P
 NAME PETRILLO, FELIX M
 STREET ADDRESS 3 CAROL LANE
 CITY-ST-ZIP MAMARONECK NY 10543 ☐ Delete

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

TITLE V
 NAME HORNE, JAMES E
 STREET ADDRESS 9773 SW SANTA MONICA DR
 CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

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

TITLE V
 NAME PETRILLO, FELIX J
 STREET ADDRESS 3 CAROL LANE
 CITY-ST-ZIP MAMARONECK NY 10543 ☐ Delete

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

TITLE S
 NAME FRENCH, ALBERT A
 STREET ADDRESS 1770 FRENCH HILL ROAD
 CITY-ST-ZIP YORKTOWN HEIGHTS NY 10598 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00 (361) 569-0606
 Date Daytime Phone #

CR2E034 (9/99)