2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE

FILED DOCUMENT # **P98000087646** May 15, 2000 8:00 am Secretary of State 1. Entity Name STRUCTURAL SYSTEMS (SOUTH BAY) INC. 05-15-2000 90141 050 ***150.00 Principal Place of Business Mailing Address 911 N.W. 209TH AVENUE #105 911 N.W. 209TH AVENUE #185 PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029-2112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 51-7989533 NOT APPLICABLE Not Applicable Country Ζiρ Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOGUL, DAVID Street Address (P.O. Box Number is Not Acceptable) 185 NW Spanish River Blvd. Suite 4800 N. FEDERAL HIGHWAY #304D **BOCA RATON FL 33431** 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME AMBROSE, JOHN STREET ADDRESS STREET ADDRESS 911 N.W. 209TH AVENUE #185 116 CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33029 TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete 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-7IP CITY-ST-ZIP 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 sopplemental 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 eceiver or trustee simpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if