

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103484

Entity Name  
S & O WATERPROOFING & CONCRETE RESTORATION, INC.

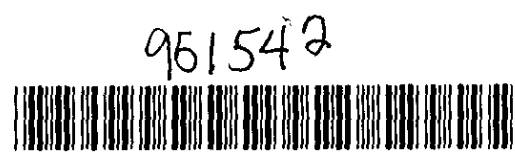
FILED  
May 08, 2000 8:00 am  
Secretary of State  
05-08-2000 90191 003 \*\*\*150.00

Principal Place of Business  
S. DIXIE HWY.  
HALLANDALE FL 33009

Mailing Address  
610 S. DIXIE HWY.  
HALLANDALE FL 33009-6333

Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0887263  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
YEHUDA MIZRACHI  
KRASNER, ELY  
610 S. DIXIE HWY  
HALLANDALE FL 33009

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]*  
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

1. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KRASNER, ELY	
STREET ADDRESS	21001 NE 24TH CT	
CITY-ST-ZIP	N. MIAMI BCH FL 33180	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KRASNER, BENY	
STREET ADDRESS	21221 NE 24TH CY	
CITY-ST-ZIP	N. MIAMI BCH FL 33180	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SPIEGEL, JCHESKEL	
STREET ADDRESS	525 OKANDER DR	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZDELBOIM, AMOD	
STREET ADDRESS	4095 N 49TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKLAREY, SETH	
STREET ADDRESS	P.O. BOX 332172	
CITY-ST-ZIP	COCONUT GROVE FL 33233	
TITLE	YEHUDA MIZRACHI	<input type="checkbox"/> Delete
STREET ADDRESS	1900 NE 24TH TERR.	
CITY-ST-ZIP	N. MIAMI BCH FL 33179	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Spiegel, Jchessel	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edelboim, Amos	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SETH SKLAREY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREAS.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEHUDA MIZRACHI	
STREET ADDRESS	1900 NE 24TH TERR.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	

3. 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 information.  
SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
4/24/2000 954-458-7271  
Daytime Phone #