

2000 UNIFORM BUSINESS REPORT (UBR)

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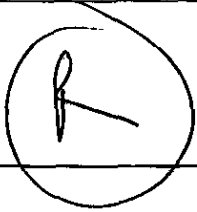
FILED
Jun 16, 2000 8:00 am
Secretary of State

05-09-2000 90118 021 ***150.00

DOCUMENT # P99000012907

1. Entity Name

SOLOMON CONSTRUCTION MANAGEMENT, INC.



Principal Place of Business

1240 NW 68TH ST
 MIAMI FL 33147

Mailing Address

1240 NW 68TH ST
 MIAMI FL 33147-7130

2. Principal Place of Business

1859 N.W. 69th ter

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33147

Country

USA

Zip

Country

4. FEI Number

65-0916640

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HOWARD, JOYCE
 1240 NW 68TH ST
 MIAMI FL 33147

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

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

TITLE: **President** ☐ Delete
 NAME: **Joyce Howard**
 STREET ADDRESS: **1859 N.W. 69th ter**
 CITY-ST-ZIP: **Miami, FL 33147**

TITLE: ☐ Delete
 NAME: ☐ Delete
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 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 STREET ADDRESS: ☐ Change ☐ Addition
 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

Date

Daytime Phone #

CR2E034 (9/99)