

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90056 022 ***158.75

DOCUMENT # P99000049893

1. Entity Name
TRACY CONSTRUCTION & DEVELOPMENT CORPORATION

Principal Place of Business
2124 N.E. 123RD STREET
SUITE 220
NORTH MIAMI FL 33181

Mailing Address
2124 N.E. 123RD STREET
SUITE 220
NORTH MIAMI FL 33181



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12700 BISCAYNE BLVD
SUITE 402

3. Mailing Address

12700 BISCAYNE BLVD
SUITE 402

City & State
N. MIAMI FL

City & State
N. MIAMI

4. FEI Number **65-0925380**

Applied For
☐ **Not Applicable**

Zip **33181** **Country** **DADE**

Zip **33181** **Country** **DADE**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PELLISH, PAMELLA
2124 N.E. 123RD STREET
SUITE 220
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
12700 BISCAYNE BLVD
SUITE 402
City **N. MIAMI** **FL** **Zip Code** **33181**

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 _____ (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ **Delete**
NAME **ROTH, TRACY**
STREET ADDRESS **2124 N.E. 123RD STREET, SUITE 220**
CITY-ST-ZIP **NORTH MIAMI FL 33181**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ **Change** ☐ **Addition**
NAME **TRACY ROTH**
STREET ADDRESS **12700 BISCAYNE BLVD. SUITE 402**
CITY-ST-ZIP **N. MIAMI, FL 33181**

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

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

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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 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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02 **(305) 899-9997**
Date **Daytime Phone #**

CR2E034 (9/01)