

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055650

1. Entity Name

VERCON CONSTRUCTION MANAGEMENT, INC.

Principal Place of Business

1060 W LAKE STREET
HOLLYWOOD FL 33019

Mailing Address

1060 W LAKE STREET
HOLLYWOOD FL 33019-4824

2. Principal Place of Business

18999 BISCAYNE BLVD
Suite, Apt. #, etc.
105

3. Mailing Address

18999 BISCAYNE BLVD
Suite, Apt. #, etc.
105

City & State

AVENTURA FL.

City & State

AVENTURA, FL.

Zip

33180

Country

USA

Zip

33180

Country

USA

4. FEI Number

65-0957950

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

Name: ANDREW VERZURA
Street Address (P.O. Box Number is Not Acceptable): 18999 BISCAYNE BLVD
City: Aventura FL Zip Code: 33180

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

6-1-00

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: D ☐ Delete
NAME: VERZURA, ANDREW
STREET ADDRESS: 1060 W LAKE STREET
CITY-ST-ZIP: HOLLYWOOD FL 33019

TITLE: D ☒ Delete
NAME: VERZURA, MICHELLE
STREET ADDRESS: 1060 W LAKE STREET
CITY-ST-ZIP: HOLLYWOOD FL 33019

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

TITLE: ☐ Delete
NAME:
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: P, S ☒ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: D, V, T ☒ Change ☐ Addition
NAME: ALAN S. MACKEN
STREET ADDRESS: 18999 BISCAYNE BLVD
CITY-ST-ZIP: Aventura, FL 33180

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

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

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

Date

Daytime Phone #

6-1-00 305 932-3435

CR2E034 (9/99)

FILED
Jun 08, 2000 8:00 am
Secretary of State

04-27-2000 90124 038 ***158.75



DO NOT WRITE IN THIS SPACE