

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068669

1. Entity Name

NUMBER ONE CONSTRUCTION, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90020 026 ***150.00

Principal Place of Business

Mailing Address

3621 NE 16TH AVENUE
POMPANO BEACH FL 33064

3621 NE 16TH AVENUE
POMPANO BEACH FL 33064-6619

2. Principal Place of Business

2079 CHAMPIONS WAY

3. Mailing Address

2079 CHAMPIONS WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. LAUDERDALE, FL

City & State

N. LAUDERDALE, FL

Zip

33068

Country

USA

Zip

33068

Country

USA

4. FEI Number

05-0925096

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVA, JOSE SANTANA
3621 NE 16TH AVENUE
POMPANO BEACH FL 33064

Name

JULIANA Aquilino

Street Address (P.O. Box Number is Not Acceptable)

3961 N. Federal Hwy

City

Pompano Beach FL

Zip Code

33064

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

Juliana Aquilino

02/21/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	SILVA, JOSE SANTANA	
STREET ADDRESS	3621 NE 16TH AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVA, JOSE SANTANA	
STREET ADDRESS	3621 NE 16TH AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Juliana Aquilino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/21/00

954 786-7180

CR2E034 (9/99)