

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90003 035 ***550.00

DOCUMENT # P99000068886

1. Entity Name

L.C.C.I CONSTRUCTION CORP.

Principal Place of Business

390 UTAH AVE.
FT. LAUDERDALE FL 33312

Mailing Address

390 UTAH AVE.
FT. LAUDERDALE FL 33312-1843

2. Principal Place of Business

390 UTAH AVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE

City & State

Zip

33312

Country

U.S.A.

Zip

Country

4. FEI Number

650938543

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAW, BRIAN
390 UTAH AVE.
FT. LAUDERDALE FL 33312

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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VICE PRESIDENT

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SECRETARY

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CLARK LAW

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SAME AS IN 6

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SAME AS IN 6

☐ 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:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/00

954-397-8062