## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 20, 2002 8:00 am<sup>§</sup> Secretary of State P99000072373 DOCUMENT # 1. Entity Name 05-20-2002 90075 022 \*\*\*150.00 BRIAN P. KANE CONSTRUCTION, INC. Principal Place of Business Mailing Address 9748 SOUTHWEST 220TH ST. 9748 SOUTHWEST 220TH ST. MIAMI FL 33190 MIAM! FL 33190 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0940708 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required, 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERMAN, DAVID M Street Address (P.O. Box Number is Not Acceptable) 13500 N. KENDALL DR., STE 129 **MIAMI FL 33186** City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)☐ Delete TITLE TITLE ☐ Change Addition NAME KANE, BRIAN P NAME CR2E034 STREET ADDRESS 9748 SOUTHWEST 220TH ST. STREET ADDRESS CITY-ST-7IP CITY-ST-7/P MIAMI: FL: 33190 TITLE ☐ Delete TITLE Change Addition NAME NAME KANE, SHERRY STREET ADDRESS STREET ADDRESS 9748 SOUTHWEST 220TH ST. CITY-ST-ZIP CITY-ST-ZIP MIAM/FL:33190 ☐ Delete Addition TITLE Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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

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

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