

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080589

1. Entity Name

CANAAN CONSTRUCTION CORPORATION

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90202 033 ***150.00

Principal Place of Business

Mailing Address

7857 NW 62ND TERR.
 PARKLAND FL 33067

7857 NW 62ND TERR.
 PARKLAND FL 33067-3350

2. Principal Place of Business

600 N THACKER AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

B-13

Suite, Apt. #, etc.

City & State

KISSIMEE - FLORIDA

City & State

4. FEI Number

65-0943863

Applied For

Not Applicable

Zip

34741

Country

USA

Zip

Country

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

FARIA, ROMULO
 7857 NW 62ND TERR.
 PARKLAND FL 33067

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD/VSD	<input type="checkbox"/> Delete
NAME	FARIA, ROMULO	
STREET ADDRESS	7857 NW 62ND TERR.	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	NUNES, FRANCISCO W	
STREET ADDRESS	340 SE 10TH CT.	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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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 *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 01/11/00 Daytime Phone #: (407) 595 6871

CR2E034 (9/99)