Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 24, 2001 8:00 am DOCUMENT # P99000098756 **Secretary of State** 1. Entity Name CONTRACTOR ASSOCIATES INC. 01-24-2001 90028 001 ***150.00 Principal Place of Business Mailing Address 1640 NW 93RD AVE 1640 NW 93RD AVE **CUUU8400** PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 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 65-0960467 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOERCHER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1640 NW 93RD AVE PEMBROKE PINES FL 33024 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE 🖊 Delete TITLE ☐ Change ☐ Addition NAME HOERCHER, RICHARD NAME STREET ADDRESS 1640 THE 93RD AVENUE 12 W. STREET ADDRESS CITY-ST-7IP CITY-ST-7IP PEMBROKE PINES FL 33024 Prosident TITLE TITLE Change ☐ Addition Hornohin Auhord 1640 No 93rd AVE Demonore PINS, FL 33024 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P-CITY-ST-7IP SECRETARY JACQUELINE 1640 NW 93rd AVE TITLE TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS Pembroka PINOS FL 33024 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

CLARIFICATION - OFFICIERS / DIRECTORS

attachment c 0008400

TITLE: PRESIDENT

DIE P99000098756

NAME: HOBRCHER, RICHARD

STREET Aporess: 1640 N.W. 93rd AVE

CHU-STATE - ZIP: PEMBROKE PINES, FL 33024

TITLE: SERRETARY / TROASURUR

NAME: HOERCHOR, JACQUELINE

STREET ADDRESS: 1640 N.W. 9314 AVE.

City - STATE - ZIP: PEMBROKE PINES, FL 33024