

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101957

1. Entity Name

CONSTRUCTION LINK CORPORATION

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90263 041 ***150.00

Principal Place of Business

12288 S.W. 131ST AVENUE
MIAMI FL 33186

Mailing Address

12288 S.W. 131ST AVENUE
MIAMI FL 33186

2. Principal Place of Business

400 South Dixie Highway

3. Mailing Address

400 South Dixie Hwy,

Suite, Apt. #, etc.

Suite # 5

Suite, Apt. #, etc.

Suite # 5

City & State

Hallandale, FL

City & State

Hallandale, FL

Zip 33009

Country U.S.

Zip 33009

Country U.S.

4. FEI Number

65-0963447

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOWER, MAXIMILIAN M
12288 S.W. 131ST AVENUE
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

ROBERT WINGATE

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

400 S. Dixie Hwy, Ste. # 5

Hallandale,

City

FL

Zip Code

33009

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

5-1-2000

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	PD WINGATE, ROBERT 12288 S.W. 131ST AVENUE MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOWER, MAXIMILIAN M 12288 S.W. 131ST AVENUE MIAMI FL 33186	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Wingate/President 400 S. Dixie Hwy, suite # 5 Hallandale, FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cristina Wingate/Vice President 400 S. Dixie Hwy., Ste. # 5 Hallandale, FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/2000 954-454-7679

CR2E034 (9/99)