

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110983

1. Entity Name

C & Y CONSTRUCTION OF SOUTH FLORIDA, INC.

Principal Place of Business

5405 NW 102 AVE STE 223  
SUNRISE FL 33351

Mailing Address

5405 NW 102 AVE STE 223  
SUNRISE FL 33351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0975518

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ANGELA C  
5405 NW 102 AVE STE 223  
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

Carlos DeCarlo

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

5405 NW 102 Ave

Ste 223

City

Sunrise

FL

Zip Code

33351

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

*Carlos DeCarlo*

Pres.

10/4/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PD  
NAME DECARLO,  
STREET ADDRESS 5405 NW 102 AVE STE 223  
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

TITLE VD  
NAME SARDINHA, EDUARDO G  
STREET ADDRESS 5405 NW 102 AVE STE 223  
CITY-ST-ZIP SUNRISE FL 33351 ☒ Delete

TITLE STD  
NAME RODRIGUEZ, LUIS E  
STREET ADDRESS 5405 NW 102 AVE STE 223  
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VSD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/4/00

954/741-3131

Date

Daytime Phone #

FILED

00 OCT -5 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT

00

CR2E034 (5/00)

KE