## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 05, 2001 8:00 am Secretary of State **DOCUMENT # \$41907** SEVER DESIGN & CONSTRUCTION INC. 02-05-2001 90011 011 \*\*\*150.00 Principal Place of Business Mailing Address 5580 NE 28TH AVE 5580 NE 28TH AVE FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 US 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 65-0256771 Not Applicable 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 MATLIN, BRIAN \_\_\_\_ Street Address (P.O. Box Number is Not Acceptable) 2809 BIRD AVENUE STE. 124 **MIAMI FL 33133** Zip Code FL 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. DATE (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Change ☐ Addition ☐ Delete TITLE SEVER, MARK NAME NAME 5580 NE 28TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME \_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

indicated on this report or supplemental report is frue 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 rustee employered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, who all other like empowered.

13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR