## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 20, 2000 8:00 am Secretary of State **DOCUMENT # \$67409** 1. Entity Name HORIZON CONSTRUCTION GROUP, INC. 03-20-2000 90043 027 \*\*\*150.00 Mailing Address Principal Place of Business 3640 YACHT CLUB DR 3640 YACHT CLUB DR STE 402 MIAMI FL 33180-3570 MIAMI FL 33180 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0325062 Not Applicable Country Country Zipi \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LOTTERMAN, MARK Street Address (P.O. Box Number is Not Acceptable) 3640 YACHT CLUB DRIVE STE 402 MIAMI FL 33180 City Zip Code FI 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition **PSD** Change TITLE ☐ Delete 17 LOTTERMAN, MARK NAME NAME STREET ADDRESS STREET ADDRESS 3640 YACHT CLUB DR STE 402 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete DITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby 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 indicated on this report or supplemental report is trustand 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 of Justice in powered 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 in address, with all other like empowered.

**SIGNATURE:** 

PIGNATURE AND TYPED OR DEINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-2000

(305)931-8248

Daytime Phone #