

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V36824

1. Entity Name

FLORIDA CONTEC, INC.

Principal Place of Business

1489 W. PALMETTO PK RD
485
BOCA RATON FL 33486

Mailing Address

1489 W. PALMETTO PK RD
485
BOCA RATON FL 33486-3327

2. Principal Place of Business

6700 Broken Sound Pkwy NW

Suite, Apt. #, etc.

Suite 200

City & State

Boca Raton, FL

Zip

33487

Country

USA

3. Mailing Address

6700 Broken Sound Pkwy NW

Suite, Apt. #, etc.

Suite 200

City & State

Boca Raton, FL

Zip

33487

Country

USA

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90016 032 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0333835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANTOR, SAMUEL J
1489 W. PALMETTO PARK ROAD
SUITE 485
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

Cantor, Samuel J.

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

6700 Broken Sound Parkway NW, Suite 200

City

Boca Raton,

FL

Zip Code

33487

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

1/25/00

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
DPS
BERRIOS, ROY
120 PIETRO DR
YONKERS NY 10710 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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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
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CITY - ST - ZIP ☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00
Date

Daytime Phone #

CR2F034 (9/99)