

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2000 8:00 am  
Secretary of State

03-02-2000 90080 005 \*\*\*150.00

00020040



DO NOT WRITE IN THIS SPACE

DOCUMENT # V42845

1. Entity Name

SAL'S CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

10227 NW 53 ST  
SUNRISE FL 33351  
US

10227 NW 53 ST  
SUNRISE FL 33351-8062  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0343417

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOFFMAN, STEPHEN V.  
2750 N. FEDERAL HWY.  
FT. LAUDERDALE FL 33325

Name

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

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

P  
CACCAMO, SAL  
11350 NW 21 CT.  
PLANTATION FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

S  
JONELL, CONNIE  
6273 NW 27TH ST.  
MARGATE FL 33063

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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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

Date

Daytime Phone #

CR2E034 (9/99)