

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90002 008 ***150.00

DOCUMENT # V43806

1. Entity Name

JONATHAN ANDREW CONSTRUCTION INC.

Principal Place of Business

Mailing Address

**4920 SW 73RD ST
 MIAMI FL 33143
 US**

**4920 SW 73RD ST
 MIAMI FL 33143
 US**



2. Principal Place of Business

7124 SW 47 Street

3. Mailing Address

7124 SW 47 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0337063

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

USA

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

**MCHENRY, JONATHAN A
 4920 SW 73RD ST
 MIAMI FL 33143**

Name

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

480 Solano Prado

City **Coral Gables**

FL

Zip Code **33156**

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, 2002 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 **P** ☐ Delete
 NAME **MCHENRY, JONATHAN A.**
 STREET ADDRESS **4920 SW 73 ST**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☒ Change ☐ Addition
 NAME **480 Solano PRADO**
 STREET ADDRESS **CORAL GABLES, FL 33156**
 CITY-ST-ZIP **33156**

TITLE **VP** ☐ Delete
 NAME **PATRONE, WILLIAM**
 STREET ADDRESS **13245 ORTEGA LANE**
 CITY-ST-ZIP **MIAMI FL 33181**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

01/29/02

Date

(305) 661-9500

Daytime Phone #

CR2E034 (9/01)