2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State
04-28-2002 90576 015 ***150.00

DOCUMENT # V60622

Entity Name
SHARP CONSTRUCTION INC.

Principal Place of Business
4 N.E. 149TH STREET
RTH MIAMI FL 33181

Mailing Address
P.O. BOX 61-0633
NORTH MIAMI FL 33261 – 0633
US

DO NOT WRITE IN THIS SPACE

New Principal Place of Business

3. Mailing Address

New Apt. #, etc.

Suite, Apt. #, etc.

New City & State

City & State

New Zip | New Country

Zip 33261-0633 | Country USA

4. FEI Number 65-0360519 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUSELL, J.
1712 N.E. 149TH STREET
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	
☐ Delete	~~PSRV~~ MUSELL, J. 1712 N.E. 149TH STREET NORTH MIAMI FL 33181-1008	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P T MUSELL, J ☒ Change ☐ Addition
☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT GERALD F JONES 1719 NE 149 STREET NORTH MIAMI, FL 33181-1008 ☒ Change ☐ Addition
☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JOHN F KOSTELDK - 1719 NE 149 STREET NORTH MIAMI, FL 33181-1008 ☐ Change ☒ Addition
☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: J Musell J MUSELL President 4-18-2002 (305)949-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #