

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V66661

1. Entity Name

NUMERIC CONSTRUCTION, INC.

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

05-16-2000 90005 008 ***150.00

Principal Place of Business

Mailing Address

1931 N 50TH AVE
HOLLYWOOD HILLS FL 33021

1931 N 50TH AVE
HOLLYWOOD HILLS FL 33021-4015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0358368

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

BASSIL, CHAOUKI
9880 S W 148TH TERRACE
MIAMI FL 33178

Name

THERESE TOMA

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

1931 N. 50TH. AVE.

City

HOLLYWOOD, FL.

FL

Zip Code
33021

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

Therese Toma

THERESE TOMA V.P.S.

4/26/00

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	D	<input checked="" type="checkbox"/> Delete
NAME	BASSIL, CHAOUKI	
STREET ADDRESS	9880 SW 148 TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	PT	<input type="checkbox"/> Delete
NAME	TOMA, FRANK PETER	
STREET ADDRESS	1931 N 50TH AVE	
CITY-ST-ZIP	HOLLYWOOD HILLS FL 33021	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	TOMA, THERESA	
STREET ADDRESS	1931 N 50TH AVE	
CITY-ST-ZIP	HOLLYWOOD HILLS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMA, PETER F.	
STREET ADDRESS	1931 N. 50TH. AVE.	
CITY-ST-ZIP	HOLLYWOOD, FL. 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Therese Toma

THERESE TOMA, VPS

4/26/00, 954-962348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)