

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90068 001 ***158.75

DOCUMENT # **V69488**

1. Entity Name

SOUTH DADE BUILDERS CONTRACTORS INC.

Principal Place of Business

9360 SW 193 DR.
MIAMI FL. 33157

Mailing Address

9360 SW 193 DR.
MIAMI FL 33157

2. Principal Place of Business

9360 SW 193 DR.
Suite, Apt. #, etc.
N/A

3. Mailing Address

9360 SW 193 DR.
Suite, Apt. #, etc.
N/A

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL.

City & State

MIAMI, FL

4. FEI Number

65-0371119

Applied For

Not Applicable

Zip

33157

Country

DADE.

Zip

33157

Country

DADE

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TERRY A. GILBERT
9360 SW 193 DR.
MIAMI FL. 33157

7. Name and Address of New Registered Agent

Name **SAME AS CURRENT**

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 **TERRY A. GILBERT (PRES.)**

Signature typed or printed name of registered agent and title if applicable

Terry A. Gilbert

(NOTE: Registered Agent signature required when reinstating)

2/7/2000

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

TITLE	PRESIDENT (VICE)	<input type="checkbox"/> Delete
NAME	TERRY A. GILBERT.	
STREET ADDRESS	9360 SW 193 DR.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	DON SMITH PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	DON SMITH	
STREET ADDRESS	7850 SW 86TH ST.	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Delete
NAME	DONALD W. SMITH	
STREET ADDRESS	7860 SW 86TH ST.	
CITY-ST-ZIP	MIAMI, FL. 33143	
TITLE	TREASURER	<input checked="" type="checkbox"/> Delete
NAME	DONALD W. SMITH.	
STREET ADDRESS	7850 SW 86TH ST.	
CITY-ST-ZIP	MIAMI, FL. 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY A. GILBERT	
STREET ADDRESS	9360 SW 193 RD DRIVE	
CITY-ST-ZIP	MIAMI FL. 33157	
TITLE	VICE - PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY A. GILBERT	
STREET ADDRESS	9360 SW 193 RD DR.	
CITY-ST-ZIP	MIAMI, FL. 33157	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY A. GILBERT	
STREET ADDRESS	9360 SW 193 DR.	
CITY-ST-ZIP	MIAMI, FL. 33157	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY A. GILBERT	
STREET ADDRESS	9360 SW 193 DRIVE.	
CITY-ST-ZIP	MIAMI, FL. 33157	
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: **TERRY A. GILBERT (PRES.)** **Terry A. Gilbert** **2/7/00** **305-255-7662**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)