

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90059 044 \*\*\*150.00

**DOCUMENT # F97000002632**

1. Entity Name  
**CONSTRUCTION SAJO INC.**

Principal Place of Business

Mailing Address

DE LOUVAIN WEST  
 QUEBEC  
 H4N 1G5

1212 DE LOUVAIN WEST  
 MONTREAL, QUEBEC  
 CANADA H4N 1G5

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **98-0156283**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE <input type="checkbox"/> Delete NAME <b>P GUERRERA, SALVATORE</b> STREET ADDRESS <b>63 PLACE BLEURY, ROSEMERE</b> CITY-ST-ZIP <b>QUEBEC, CANADA J7A 4L9</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete NAME <b>V TEDESCHI, NICK</b> STREET ADDRESS <b>226 FORESTWOOD, ROSEMERE</b> CITY-ST-ZIP <b>QUEBEC, CANADA J7A 2C6</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete NAME <b>ST GUERRERA, MARIO</b> STREET ADDRESS <b>417 MONTROSE, BEACONSFIELD</b> CITY-ST-ZIP <b>QUEBEC, CANADA H9W 1H2</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/99)

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #