## FILED May 03, 2002 8:00 am § Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # K20411 1. Entity Name 05-03-2002 90049 013 \*\*\*150.00 O.D. JR. CONSTRUCTION, CORP. Principal Place of Business Mailing Address 10351 S.W. 26TH STREET **6758 SW 8TH STREET** MIAMI FL 33165 **MIAMI FL 33174** Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0043725 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired MIRMI-Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIAZ, ORLANDO Street Address (P.O. Box Number is Not Acceptable) 10351 S.W. 26TH ST. **MIAMI FL 33165** Zip Code **33 / 4** 5 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE CR2E034 (9/01) Delete TITLE ☐ Addition NAME DIAZ, ORLANDO NAME 3001 S.W. Zy St. STREET ADDRESS 10351 S.W. 26TH ST STREET ADDRESS **MIAMI FL 33165** CITY-ST-ZIE CITY-ST-ZIP SD TITLE Delete TITLE NAME DIAZ. LILLIAM NAME STREET ADDRESS 10351 S.W. 26TH ST. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33165** CITY-ST-ZIP -- Delete - --TITLE ☐ Change - - ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with

SIGNATURE:

Daytime Phone #