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2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2000 8:00 am Secretary of State **DOCUMENT # K92841** 1. Entity Name TRI-TECH CONSTRUCTION, INC. 02-01-2000 90106 028 ***150.00 Principal Place of Business Mailing Address C/O EVAN R. MARBIN C/O EVAN R. MARBIN 48 EAST FLAGLER STREET. SUITE 381 48 EAST FLAGLER STREET, SUITE 381 MIAMI FL 33131 MIAMI FL 33131-1037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0126292 Not Applied Country_ \$8:75 Additional .Zip.__ -Country ____ - Zip- -- ----5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent-__6. Name and Address of Current Registered Agent Name MARBIN, EVAN R. Street Address (P.O. Box Number is Not Acceptable) 48 E FLAGLER ST **PENTHOUSE 104** MIAMI FL 33131 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition Delete TITLE TITLE VELIKOPOLJSKI, SERGIO NAME NAME STREET ADDRESS STREET ADDRESS 48 E. FLAGLER ST., 381 CITY-ST-7IP CITY-ST-ZIP MIAMI FL ☐ Addition Change ST Delete TITLE TITLE ROK. SERGIO NAME NAME 48 E. FLAGLER ST., 381 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change TITLE TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME 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 frue 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 by 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR CIRECTOR

1/26/00

305) 374-4955

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