FILED

Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90220 046 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

M54336 DOCUMENT # *

1. Entity Name

BOSS CO	ONSTRUC	CTION COMF	PANY												
Principal Plac 7100 SW 44T MIAMI FL 331 US		s	7100	ng Address) SW 44TH ST WI FL 33155		<u> </u>									
2. Principal F	Place of Busin	ness ,	3. Ma	ailing Address			-] 							Manni
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			-	☐ CHECK HERE IF MAKING CHANGES							
City & State			Cit	City & State			4. FEI Number 65-0012097 Applied For								
Zip		Country	Zip)	Coun	try	5.	Certificate of					\$8.75 Fee Re	Add	
	6." Name	and Address of	Current Register	ed Agent	<u></u>		<u> </u>	Name and A	ddres	s of Nev	v Regis	tered	<u> </u>	quirec	<u> </u>
001457	ODI ANDO I		<u>-</u> .	<u> </u>		Name									
GOMEZ, ORLANDO JR. 7100 SW 44TH ST						Street Addres	s (P.O.	Box Number	is Not	Accepta	ble)			_	
MIAMI FL		~	•					<u> </u>							
•		_		U		City						FL	Zip	Code	
8. The above	named entity	y submits this stat	tement for the pur	pose of changing its	s registere	ed office or regis	tered a	gent, or both,	in the	State of	Florida	ı, lam	familiar	with, a	and accept
SIGNATURE		<u> </u>	tered agent and title if ap	200	F. B. 33							DATE			
**		! FEE IS \$150		plicable. (NOT	re, negisieret	d Agent signature requ	illed wilen	renstating)				UAIE	· -		
Г	THE INCASTS	! FEE 13 9130	<i>.</i> .uu	1											
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SIGNATURE:

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. ure required SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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(305)661-7660