2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2002 8:00 am Secretary of State DOCUMENT # P00000035403 1. Entity Name 05-19-2002 90218 005 ***150.00 BENCHMARK MILLWORK, INC. Principal Place of Business Mailing Address 7401 SW 124 STREET 7401 SW 124 STREET **MIAMI FL 33156** MIAMI FL 33156 2. Principal Place of Business Mailing Address Ocean DR. 2301 S. Ocean 230/ S-Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1001 00 City & State Applied For 65-0998317 Florida follywood Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33019 Bhoward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RonAld YOESTING, RONALD L Street Address (P.O. Box Number is Not Acceptable) 7401 SW 124 STREET MIAMI FL 33156 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 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, 2002 Fee will be \$550.00 " (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Addition Change YOESTING, RONALD L NAME NAME STREET ADDRESS 7401 SW 124 STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME YOESTING, MADELINE C NAME STREET ADDRESS 7401 SW 124 STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33156** CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: /

CITY-ST-ZIP

April 02 954-929-9676

Date Daylime Phone #