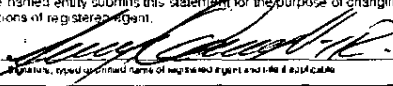
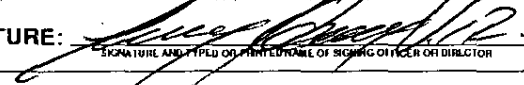


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90112 019 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000064362			
1. Entity Name ORMENO CONTRACTORS, INC.			
Principal Place of Business 1531 NW 16 AVE 501 MIAMI, FL 33125		Mailing Address 1531 NW 16 AVE 501 MIAMI, FL 33125	
2. Principal Place of Business 5401 SW 77 CT Suite, Apt. #, etc. #102-E City & State MIAMI, FL Zip 33155		3. Mailing Address 5401 SW 77 CT Suite, Apt. #, etc. #102-E City & State MIAMI, FL Zip 33155	
		4. FEI Number 02-0621452 Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORMENO, LUIS M 1531 NW 16 AVE 501 MIAMI, FL 33125		7. Name and Address of New Registered Agent Name ORMENO LUIS M. Street Address (P.O. Box Number is Not Acceptable) 5401 SW 77 CT, #102-E City MIAMI FL Zip Code 33155	
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. I am familiar with, and accept the obligations of registration agent. SIGNATURE  DATE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORMENO, LUIS M SR 1531 NW 16 AVENUE #501 MIAMI, FL 33125 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORMENO LUIS M. 5401 SW 77 CT, #102-E MIAMI FL 33155 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 the 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 live employees.			
SIGNATURE:  DATE 04/10/03 (Signature and typed or printed name of signing officer or director)		Daytime Phone # _____	

90085032



☐ CHECK HERE IF MAKING CHANGES

C12E034 (10/02)