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

90085032

1. Entity Name
ORMENO CONTRACTORS, INC.

Principal Place of Business	Mailing Address
1531 NW 16 AVE 501 MIAMI, FL 33125	1531 NW 16 AVE 501 MIAMI, FL 33125

2. Principal Place of Business		3. Mailing Address	
5401 SW 77 CT		5401 SW 77 CT	
Suite, Apt. #, etc. #102-E		Suite, Apt. #, etc. #102-E	
City & State MIAMI, FL.		City & State MIAMI, FL	
Zip 33155	Country	Zip 33155	Country

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
ORMENO, LUIS M 1531 NW 16 AVE 501 MIAMI, FL 33125	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 registered agent.

SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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.

SIGNATURE: [signature] 04/10/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #