2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000094817 1. Entity Name JOINT VENTURE CONSTRUCTION INC.				FILED 03 NOV 10 AH 8: 24	AV	
Principal Place of Business 4801 SW 142 AVENUE FORT LAUDERDALE FL 33330 Mailing Address 4801 SW 142 AVENUE FORT LAUDERDALE FL 33330 FORT LAUDERDALE FL 33330			3330		SECRETARY OF STATE FALLAHASSEE FLORIDA	
2. Principal Place of Business 3. Mailing Address					-	
Suite, Apt. #, etc. Suite, Apt. #, etc.					DEIN COMERT ME CHANGES	
City & State		City & State			30-0/1329/ Not Applied For	,
Zip Country		Zìp	Zip Coun		5. Certificate of Status Desired See Required	
<u> </u>	6. Name and Address of Current	Registered Agent			7Name and Address of New Registered Agent	
COCENT	NO ALEDED			Name		
COSENTINO, ALFRED 4801 HANCOCK RD.				Street Address	(P.O. Box Number is Not Acceptable)	
	CHES FL 33330					
				City	FL Zip Code	
8 The above	named antity submits this statement for	or the purpose of charging its	registor		red agent, or both, in the State of Florida. I am familiar with, and accept	
	ions of registered agent	he purpose or a right of its	egisteri	ed office of register	red agent, or both, in the state of Florida. Familianimal with, and accept	
SIGNATURE S	W// (e				01/7/03	
	Signature uped or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating) DATE	
After Se	ÆÉ NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 c Payable to Florida Department o				2 Epptipp Campaign Financing 3 55.00 May Be	
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Delete COSENTINO, ALFRED 4801 HANCOCK RD. SOUTHWEST RANCHES FL 33330		`	ſ	Change Addition 8	CR2E034 (4/03)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COSTANZA, GEORGE 4801 SW 142ND AVE. FT. LAUDERDALE FL 33330	☐ Delete		ſ	Change Addition	Š
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COSENTINO, KAREN 4801 SW 142ND AVE. FT. LAUDERDALE FL 33330	□ Delete			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			. Change C Addition	
indicated	on this report or supplemental report is	true and accurate and that r	ny signat	ture shall have the	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7. Florida Statutes; and that my name appears in Block 10 or Block 11 if	

SIGNATURE:

954-873-6932 Daytime Phone #