2003 FOR PROFIT CORPORATION

Apr 18, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000128444 DOCUMENT # 1. Entity Name 04-18-2003 90124 049 ***150.00 AMERICUS CONSTRUCTION GROUP, INC. Principal Place of Business Mailing Address 6740 ROYAL PALM DRIVE 6740 ROYAL PALM DRIVE MIAMI FL 33157 MIAMI FL 33157 2. Principal Place of Business 3. Mailing Address wenve Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number Not Applicable Zip Country \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name FERNANDEZ, SONIA Street Address (P.O. Box Number is Not Acceptable) 6740 ROYAL PALM DRIVE **MIAMI FL 33157** City Zio Code 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE NAME NAME FERNANDEZ. SONIA STREET ADDRESS STREET ADDRESS 6740 ROYAL PALM DRIVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33157** ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

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 supplied ental 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 received 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 of the corporation or the rece-changed, or on an attachmen

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED