FILED

Jan 21, 2003 8:00 am

CR2E034 (10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Secretary of State P92000003696 DOCUMENT # 1. Entity Name 01-21-2003 90183 010 ***150.00 ANDREW BAUMANN BUILDER, INC. Principal Place of Business Mailing Address P.O. BOX 402532 P.O. BOX 402532 90006341 MIAMI BEACH FL 33140-0532 MIAMI BEACH FL 33140-0532 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0368074 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAUMANN, ANDREW Street Address (P.O. Box Number is Not Acceptable) 5401 NORTH BAY RD **MIAMI FL 33190** City Zip 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 After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BAUMANN, ANDREW NAME NAME P O BOX 402532 STREET ADDRESS STREET ADDRESS MIAMI FL 33140-0532 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME 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 Delete . TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET, ADDRESS CITY-ST-ZIP CITY-ST-ŽIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the info on 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 emental yeport 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 trusting empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report d of the corporation or the changed, or on an attac

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SIGNATURE:

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URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR