FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2001 8:00 am DOCUMENT # P93000075117 **Secretary of State** 1. Entity Name SOUTH POINTE CONSTRUCTION & DEVELOPMENT CO. 02-13-2001 90061 048 ***158.75 Principal Place of Business Mailing Address 535 SW 29 RD PO BOX 452436 MIAMI FL 33129 MIAMI FL 33245-2436 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0445798 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE LAW FIRM LAWRENCE J SPIEGEL, CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVE **CORAL GABLES FL 33134** 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE PD Change □ Delete TITLE Addition NAME NAME BAENA, MIGUEL E 35 S.W. 29 Rd. STREET ADDRESS STREET ADDRESS 535 SE 29TH RD liami, a 33129 CITY-ST-7IP CITY-ST-ZIP MIAMI FL. TITLE VSTD ☐ Delete TITLE Baera, JUSE + NAME NAME BAENA, JOSE M STREET ADDRESS STREET ADDRESS 2414 SW 99 CT iami. FL CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 ☐ Delete aena, Alina TITLE Addition TITLE NAME NAME BAENA, ALINA 535 SW 29 Rd. STREET ADDRESS STREET ADDRESS 5751 S W 50TH ST CITY-ST-ZIP CITY-ST-ZIP 33129 MIAML FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME --- - -NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. .. CITY-ST-7IP . . ☐ Delete TITLE Change ■ Addition NAME- · · · · NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: