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2002 Uniform Business Report (UBR)

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SIGNATURE AND TYPE

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Apr 11, 2002 8:00 am DOCUMENT # P97000087886 Secretary of State 1. Entity Name CONSTRUCTION EQUIPMENT SERVICES, INC. 04-11-2002 90694 026 ***150.00 Mailing Address Principal Place of Business 8270 NW 66TH ST 8270 NW 66TH ST MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0786793 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OSTROFF, JANET J Street Address (P.O. Box Number is Not Acceptable) 11900 BISCAYNE BLVD, STE 720 **MIAMI FL 33179** 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax; filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Delete ☐ Addition TITLE TITEF NAME GONZALEZ, MARITZA 7260 S PRESTWICK PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33014 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME GONZALEZ, FRANCISCO C STREET ADDRESS STREET ADDRESS 3141 SW 173RD TERR CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33029 Delete TITLE TITLE Change ... :Addition: RODRIGUEZ, DESIDERIO A NAME 4381 NW 201 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAROL CITY FL 33055 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 13. I hereby certify that the information supplied with this filing poes 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trysted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if