2000 UNIFORM BUSINESS REPORT (UBR)

8/29/00-90188-035-$150.00-$150.00

APPROVED AND FILED

00 SEP 18 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P99000053497

1. Entity Name

CONSTRUDING INC.

Principal Place of Business	Mailing Address
1337 W. 49 PLACE #317A HIALEAH FL 33012	1337 W. 49 PLACE #317A HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1337 W 49 PL #317A		3. Mailing Address: Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI (Hialeah)		City & State: FL	
Zip: 33012	Country: USA	Zip: 33012	Country: USA

4. FEI Number: 65-0930203 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLGUIN, EDGARD
1337 W. 49 PLACE #317A
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name: N/A

Street Address (P.O. Box Number is Not Acceptable)

City FL 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: [signature] DATE: 9-20-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HULGUIN, EDGARD 1337 W. 49 PLACE #317A HIALEAH FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N A	☐ Change ☐ Addition
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CR2E034 (5/00)

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

attachment DOC#: P99000053497
D00022210
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JULY 18, 2000

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

REFERENCE : P99000053497
CONSTRUDING INC.

I WOULD LIKE TO INQUIRE AS TO THE PACKAGE THAT I RECEIVED ON FRIDAY JULY 14, 2000 CONCERNING THE ANNUAL RENEWAL OF MY CORPORATION.

I WOULD LIKE TO INFORM YOU THAT I HAVE NOT RECEIVED ANY PRIOR FORMS, AND THIS ONE STATES THAT THE FEE I HAVE TO PAY IS $550 BECAUSE I DID NOT RENEW IT BEFORE--THE FIRST NOTICE I HAVE RECEIVED IS THIS ONE, AND I DO NOT BELIEVE I SHOULD HAVE TO PAY THE INCREASED RATE.

PLEASE WAIVE THE FEE VIOLATION AND ALLOW ME TO RENEW MY CORPORATION WITH THE REGULAR FEE, WHICH I DO NOT KNOW WHAT THE AMOUNT IS.

PLEASE WRITE ME, AND LET ME KNOW THE FEE THAT I AM TO PAY FOR THE RENEWAL OF MY CORPORATION.

THANK YOU,

EDGAR HOLGUIN
AGENT