2000 UNIFORM BUSINESS REPORT (UBR) 8/29/00-90188-035-\$150.00-\$150.00 P99000053497 **DOCUMENT #** 1. Entity Name 00 SEP 18 PM 3:22 CONSTRUDING INC. < SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1337 W. 49 PLACE #317A 1337 W. 49 PLACE #317A HIALEAH FL 33012 HIALEAH FL 33012 . DAMONUTA 2. Principal Place of Business 1337040 P2#317 P 3. Mailing Address same Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0930303 Hialeah MIAHI Not Applicable Ζĺρ Country \$8.75 Additional Country 5. Certificate of Status Desired (−)~(-<u>(</u>)-)⁻ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent N/A HOLGUIN, EDGARD Street Address (P.O. Box Number is Not Acceptable) 1337 W. 49 PLACE #317A HIALEAH FL 33012 Zip Code City FI 8. The above named entity submits this ejatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. M-50-00 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printe FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 CR2E034 (5/00) ☐ Change TITLE ☐ Delete TITLE HULGUIN, EDGARD NAME NAME 1337 W. 49 PLACE #317A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P Addition Change ☐ Defete TITLE TITLE NAME = : NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Chance ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITI F TID F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. Dentime Phone

attachment DOC#: P49000053497
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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

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