2000 UNIFORM BUSINESS REPORT (UBR) Mar 24, 2000 8:00 am DOCUMENT # 405707 1. Entity Name **Secretary of State** SIBONEY CONTRACTING CO. 03-24-2000 90036 001 ***150.00 03-24-2000 90036 002 *****8.75 Principal Place of Business Mailing Address 1000 SOUTHERN BOULEVARD, #300 1000 Southern Boulevard. #300 P.O. BOX 6665 P.O. BOX 6665 0028 W. PALM BEACH FL 33405-6665 W. PALM BEACH FL 33405 US 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 59-1419274 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCCRACKEN, JOHN B. Street Address (P.O. Box Number is Not Acceptable) 505 S. FLAGER DR. SUITE 1100 WEST PALM BEACH FL 33401 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. TITLE □ Delete TITL F Change Addition NAME tomeu, adela m. NAME STREET ADDRESS 7001 S. FLAGER DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL PTD Change ☐ Addition ☐ Delete TITLE TITLE TOMEU, ENRIQUE A NAME NAME STREET ADDRESS 1000 SOUTHERN BLVD SUITE #300 STREET ADDRESS CITY-ST-ZIP ÖRY-ST-ZIR W. PALM BEACH FL **VP** Change Addition MTLE Delete TITLE LUKE, CLYDE R. NAME STREET ADDRESS TREET ADDRESS 14055 107TH STREET CITY-ST-ZIP HTY-ST-ZIP FELLSMERE FL **VP** Oelete TITLE Change Addition TITLE SEVI, DANTE C NAME **L**AMF TREET ADDRESS STREET ADDRESS 1246 WOODRIDGE COURT CITY-ST-ZIF TY-ST-71P ALTAMONTE SPRINGS FL 32714 ☐ Change Addition TLE Delete TITLE COSTA, ROLANDO S NAME AME treet address 331 LAKE ARBOR DRIVE STREET ADDRESS CITY-ST-ZIP 11Y-ST-7\P PALM SPRINGS FL Addition Change Deleta itle. NAME AME JUSTO NAVARRO STREET ADDRESS REET ADDRESS 10185 159th CT NORTH CITY-ST-ZIP TY-ST-7IP JUPITER, FL 33478 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 according to director or director. bat my signature shall have the same legal effect as if made under oath; that I am an officer or director port as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ute this report changed, or on an attachment with an address, with all of er like emoci ered

OFFICER OR DIRECTOR

IIGNATURE:

SIGNATURE AND TYPED OR PRINTED N