2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

426930 DOCUMENT

1. Entity Name

1865 NW 21 STR

MIAMI FL 33142

US

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

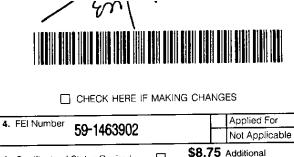
SIGNATURE

GONZALEZ BROTHERS MARINE CONSTRUCTION, INC.



FILED Jan 13, 2003 8:00 am **Secretary of State**

01-13-2003 90491 034 ***150.00



7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo GONZALEZ, ANGEL 524 NAVARRE ST CORAL GABLES FL 33144

Mailing Address

1865 NW 21ST

MIAMI FL 33142

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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

5. Certificate of Status Desired

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. I am familiar with, and accept the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

Country

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable.

Country

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. CR2E034 (10/02) Addition ☐ Change TITLE ☐ Delete TITLE GONZALEX, DAMIAN NAME NAME STREET ADDRESS 524 NAVARRE ST. STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL CITY-ST-ZIP Addition Change . TITLE ☐ Delete **VPD** TITLE NAME SAGARRIBAY, JOAN J NAME STREET ADDRESS 1865 NW 21 ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142 CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete TITLE NAME GONZALEZ, DAMIAN M. NAME STREET ADDRESS **524 NAVARRE STREET** STREET ADDRESS CITY-ST-7IP CORAL GABLES FL CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 10 or Block 11 if chapted, or on an attachment with an address, with all other like empowered. changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE REQUIRED

Daytime Phone #