2001 UNIFORM BUSINESS REPORT (UBR)

Jan 13, 2001 8:00 am Secretary of State 01-13-2001 90003 035 ***150.00 **DOCUMENT # 475397** ONORATI CONSTRUCTION & COATINGS, INC. Principal Place of Business Mailing Address 18453 SW 87TH PLACE P.O. BOX 570878 MIAMI FL 33157 MIAMI EL 33257 R0002766 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1587279 Not Applicable Country Zíp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent ONORATI, FRANK A JR. Street Address (P.O. Box Number is Not Acceptable) 18453 SW 87TH PLACE MIAMI FL 33157 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 12 11. CR2E034 (10/00) Change ☐ Addition TITLE ☐ Delete NAME NAME ONORATI, FRANK A JR STREET ADDRESS STREET ADDRESS 18453 SW 87TH PLACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157 ☐ Change ☐ Addition ☐ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition · Delete --- -TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 attaching with an address, with all other like empowered.

MRSIPLA

SIGNATURE

FILED