2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 20, 2000 8:00 am Secretary of State **DOCUMENT # 503039** 1. Entity Name S&S CONTRACTING, INC. 01-20-2000 90224 025 ***158.75 Mailing Address Principal Place of Business 8346D N.W. SOUTH RIVER DR. 8346D N.W. SOUTH RIVER DR. MIAMI FL 33166-7446 MIAMI FL 33166 C0008576 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number City & State City & State 59-1681757 Not Applicable Country Zip 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 Name SMITH, JERRY C. Street Address (P.O. Box Number is Not Acceptable) 4521 N.W. 12TH CT. LAUDERDALE FL 33313 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \mathbf{x} Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/99) S ☐ Change ☐ Addition Delete TITLE TITLE SMITH, ADOLPHUS NAME NAME STREET ADDRESS 1724 N.W. 26TH TERRACE STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 00000 CITY-ST-7IP ☐ Change Addition Delete TITL F SMITH, JERRY C NAME STREET ADDRESS 4521 N.W. 12TH CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP L'AUDERHILL FL Addition Change Delete TITLE MILLS, ANDREA NAME NAME 17890 W DIXIE HWY, 703 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE N MIAMI BEACH FL' ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND APPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00 (305)887-5777

<u>Smith</u>

Daytime Phone #