2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State 503039 DOCUMENT # " 1. Entity Name 05-21-2002 91230 007 ***158.75 S&S CONTRACTING, INC. Mailing Address Principal Place of Business 8346D N.W. SOUTH RIVER DR. 8346D N.W. SOUTH RIVER DR. MIAMI FL 33166 MIAMI FL 33166 3. Mailing Address 2. Principal Place of Business 6600 N.W.27th AVE. 6600 N.W. 27th AVE. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt, #, etc. W-109 W - 109Applied For City & State 4. FEI Number City & State 59-1681757 Not Applicable MTAMI MIAMI. \$8.75 Additional Country Zip Country Zip КX 5. Certificate of Status Desired Fee Required USA 33147 USA 33147 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) 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, 2002 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. ☐ Change ☐ Addition ☐ Delete TITLE TITLE SMITH, JERRY C NAME NAME STREET ADDRESS 4521-N.W. 12TH CT. STREET ADDRESS LAUDERHILL FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADORESS

CITY-ST-ZIP



3-26-2002

786-318-0028

Daytime Phone #