2002 UNIFORM BUSINESS REPORT (UBR)

May 16, 2002 8:00 am Secretary of State 565611 **DOCUMENT #** 1. Entity Name MIRI CONSTRUCTION INC. 05-16-2002 90042 023 ***150 00 Mailing Address Principal Place of Business 7340 SW 121 ST 7340 SW 121 ST MIAMI FL 33156-5307 MIAMI FL 33156-5307 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1789487 Not Applicable Country \$8.75 Additional 5.-Certificate of Status Desired ... 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SUAREZ, DIONISIO Street Address (P.O. Box Number is Not Acceptable) 7340 SW 121 ST. MIAMI FL 33156 City 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete Change ☐ Addition BURROUGHS, DIONISIO S. NAME NAME 7340 S W 121ST STREET STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition: SUAREZ, MIRIAM T. NAME NAME 7340 S W 121ST STREET STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE SUAREZ, DIONISIO, JR. NAME NAME 1800 SW 183 TERR STREET ADDRESS STREET ADORESS MIRAMAR FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete SUAREZ, FERNANDO NAME NAME 7340 S.W. 121 ST. STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE BRELAND, MIRIAM S NAME NAME 8920 SW 155 ST STREET ADDRESS STREET ADDRESS MIAMI FL 33157 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

13.-I hereby 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 11 or Block 12 if

FILED