2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 10, 2000 8:00 am Secretary of State DOCUMENT # 664033 RGF CONSTRUCTION INC. 03-10-2000 90025 019 ***158.75 Mailing Address Principal Place of Business 2740 S.W. 23RD STREET 2740 S.W. 23RD STREET MIAMI FL 33145-3308 MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt # etc. Applied For 4. FEI Number City & State City & State 59-1973170 Not Applicable Country Zip Country Zip \$8.75 Additional X. 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALVAREZ: NESTOR Street Address (P.O. Box Number is Not Acceptable) 221 S.W. 22ND AVENUE SUITE 200 MIAMI FL 33135 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 DATE (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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. Change ☐ Addition PD TITLE ☐ Delete TITLE GONZALEZ, JOEL NAME NAME 2740 S W 23RD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE TITLE GONZALEZ, FLOREMIA NAME STREET ADDRESS 2740 S. W. 23 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS _CITY_ST-7IP_ CITY-ST-7IP Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 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 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. SIGNATURE: