2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 03, 2001 8:00 am Secretary of State **DOCUMENT # 664284** BEST WAY BUILDING MAINTENANCE, INC. 04-03-2001 90096 040 ***150.00 Principal Place of Business Mailing Address 6962 E. WEDGEWOOD AVENUE P.O. BOX 82-3863 DAVIE FL 33331 SOUTH FLORIDA FL 33082 C0041011 2. Principal Place of Business 14973 SW 75th TERRACE 3. Mailing Address 14973 SW 75th TERRACE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1969351 MIAMI, FLORIDA MIAMI, FLORIDA Not Applicable Country USA Country. \$8.75-Additional 33193 33193 USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSALES, SERGIO R. SOTO, JORGE L. Street Address (P.Q. Box Number is Not Acceptable) 14973 SW 75 TERRACE 6962 E. WEDGEWOOD AVE. **DAVIE FL 33331** Zip Code 33193 City MIAMI submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity SIGNATURE 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 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See crite/ia on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) X Defete TITLE P/T/D ROSALES Change X Addition TITLE RÓSALES , SERGIO R. 14973 SW 75 TERRACE MIAMI, FL 33193 SOTO, JORGE L NAME NAME 6962 E. WEDGEWOOD AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33331 DVP TITLE X Delete TITLE VP/S/D ROSALES, ROSA A. SOTO, CARMEN NAME NAME 14973 SW 75 TERRACE MIAMI, FL 33193 6962 E. WEDGEWOOD AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DAVIE FL 33331 TITLE Delete Mi F - Change — - Addition= NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 frustee 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 address, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR