2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

CTE 150.00 FILED

| DOCUMENT | # 6 | 38 | 353 | 8 |
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1. Entity Name COMMUNITY ASPHALT CORP.

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|---|--------------------------------------|---------------------------------|---------------------|--------------------------|--------------|-------------|---------------|---------------|--|---------------------|--|
| Principal Pla 14005 NW 18 | ice of Business | | | ng Address | | | | | | | 12294 |
| | | | - | NW 186 ST | | | | | | | |
| HIALEAH FL | 33010 | | | AH FL 33018 | | | | 1 | | | |
| US | | | US | | | | \cap | 1 / | | i Bibii Bibii Bibii | 1/8/1 812H 188H |
| 2 Principal | Place of Busine | | 10.14. | T 4 -1-1 | | | | VA. | 134 1 1 1 1 1 1 1 1 1 | | |
| z. Filicipai | riace of busine | 188 | 3. Ma | ling Address | | | | | , , , , , , , , , , , , , , , , , , , | | #### #### ############################ |
| Suite, Apt | t # etc | " | Suite | e, Apt. #, etc. | | | | V | | | |
| | , 0.0. | | 30" | e, Apt. #, etc. | | | | | ☐ CHECK HERE IF MAKII | NG CHANGES | 8 |
| City & State City & State | | | | 4. FEI Number FO 0000000 | | | | | applied For | | |
| • | | | 1 | | | | 59-2023298 | | | | lot Applicable |
| Zip | | Country | Zip | | Countr | ntry 69.75 | | | | | |
| | | | | į. | | | | 5. Cert | tificate of Status Desired | Fee Requir | |
| | 6. Name a | ind Address of Curren | t Registere | d Agent | | | | 7. Nam | ne and Address of New Registere | d Agent | |
| · | | | | | | Name | | | - | | |
| | HARLES S JR | • | | | ŀ | Street A | Address (F | PO Boy N | Number is Not Acceptable) | | |
| 414 NE 4 | TH STREET | | | • | | | 1) 6651001 | .O. DOX I | <u> 600012699</u> | 156 | |
| FT. LAUD | erdale fl 3 | 3309 | | | | | | 02 | ./19/0301 <u>044</u> 018 | **4 <u>()</u> (). | nn l |
| • | | | | | - | City | | | | T = - | |
| | · · · | | | | | • | | | _ <i></i> F | - ' | |
| 8. The above | e named entity itions of register | submits this statement i | for the purp | ose of changing its r | egistered | d office o | r registere | ed agent, | or both, in the State of Florida. I ar | m familiar with | , and accept |
| inc obliga | mons or register | ed agent. | | | | | | | ' //(/ | | |
| SIGNATURE | | | | . | | | | | - / _ | | |
| | Signature, typed or | printed name of registered ager | nt and title if app | licable. (NOTE: | Registered a | Agent signa | ture required | when reinstat | ting) DATE | | |
| F | ILE NOW!!! | FEE IS \$150.00 | ; | | | | | | | | |
| | | Fee will be \$550.00 | | | | | | | Election Campaign Financing Trust Fund Contribution. | | 00 May Be |
| Make Check | k Payable to I | Florida Department o | of State | | | | | | ridat i drid Contribution. | L AGOS | a to rees |
| 10. | 1 | OFFICERS AND | DIRECTO | RS | 11. | | | ADDIT | IONS/CHANGES TO OFFICERS AF | ND DIRECTOR | RS IN 11 |
| TITLE | AS | | | ☐ Delete | TITLE | | AS | | | Change | 🔀 Addition |
| NAME | HERRERA, | | | | NAME | | ROBE | ERT E | E BOUNDS | | |
| STREET ADDRESS | 14005 NW | | | | | ADDRESS | | | √ 186 ST. | | |
| CITY-ST-ZIP | HIALEAH FL | . 33018 | | - | CITY-S | ST-ZIP | | | FL 33018 | | |
| TITLE | VD | | | ☐ Delete | TITLE | | v | | _ = ==== | Change | ☐ Addition |
| NAME | GARFFER, N | | | | NAME | | GARE | FER, | , MICHAEL | • | |
| STREET ADDRESS | 14005 NW 1 | | | | | ADDRESS | 1400 |)5 NW | 7 186 ST. | | |
| CITY-ST-ZIP | HIALEAH FL | 33018 | | , | CITY-S | IT-ZIP | HIAL | EAH, | FL 33018 | | |
| TITLE | AS | | | ☐ Delete | TITLE | | v | | | Change | Addition |
| NAME | DALE, CHAP | | . • | · | NAME | | JOHN | I-MOR | RRIS | | 1 |
| | 1117 112 7 0 | | | | | ADDRESS | | | 1 186 ST. | | |
| CITY-ST-ZIP | + | ERDALE FL 33309 | | | CITY-S | T-ZIP | HIAL | EAH, | FL 33018 | | |
| TITLE | VD | 14010 | | ☐ Delete | TITLE | | AS | | | Change | Addition |
| NAME | HALLEY, IGI | | | | NAME | | TINA | TED | DDER | | į |
| STREET ADDRESS | 14005 NW 1 | | | | | ADDRESS | 1400 | 5 NW | <i>I</i> 186 ST. | | |
| CITY-ST-ZIP | HIALEAH FL | 33018 | | | CITY-S | T- ZIP | | EAH. | FL 33018 | | |
| TITLE | ST BIOG OFFI | 05 F | | ☐ Delete | TITLE | | STD | | | Change | ☐ Addition |
| NAME OTDEST ADDRESS | RIOS, GEOR | | | | NAME | | RIOS | ,GEO | RGE E | • | 1 |
| STREET ADDRESS | 14005 NW 1 | | | | | ADDRESS | 1400 | 5 NW | 1 186 ST | | |
| CITY-ST-ZIP | HIALEAH FL | 33U 18 | | | CITY-S | 1 - ZIP | HIAL | EAH. | FL 33018 | | ~ |
| TITLE | PD | 1005 | | ☐ Delete | TITLE | | | | | ☐ Change | ☐ Addition |
| NAME | FERNANDEZ | | | | NAME | | | U, | 2/18/0301044018 | **400. | 00 |
| STREET ADDRESS | 14005 NW 1 | | | | | ADDRESS | | | | ~~~~UU. | UU |
| CITY-ST-ZIP | HIALEAH FL | | | | CITY-ST | | | | | | |
| 12. 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/em; lowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with air address, with all other like empowered.

SIGNATURE: