FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2001 8:00 am Secretary of State **DOCUMENT # 743048** 1. Entity Name WE-BUILD, INC. 04-10-2001 90020 026 ****70.00 Principal Place of Business Mailing Address 1460 NW 1ST STREET 1559 W. SUNRISE BLVD. FORT LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0752190 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) JORDAN, JOHN G. THE COLONIAL BUILDING 4367 N. FEDRAL HWY City Zip Code FT LAUDERDALE FL 33308 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) DATE 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ■ Addition TITLE ☐ Delete TITLE Change **BLOCK, DEBRA** NAME NAME 707 SE 3RD AVENUE #100 STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP FT LAUDERDALE FL ☐ Delete TITLE Change ☐ Addition TITI F KENNEDY, CLEMENT NAME NAME STREET ADDRESS STREET ADDRESS 218 SE 1ST AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete TITLE TITLE ☐ Change ☐ Addition MARTIN, JAMES NAME NAME STREET ADDRESS 2840 N. OCEAN BLVD #406 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KEITER, JOEL STREET ADDRESS 1340 S OCEAN BLVD 1902 STREET ADDRESS CITY-ST-7IP FT. LAUDERDALE FL CITY-ST-ZIP TITLE □ Detete ☐ Addition FUSSELL, CLYDE NAME NAME STREET ADDRESS 3640 N 46 AVE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition OLTMAN, JOHN NAME NAME 915 MIDDLERIVER DR. SUITE 415 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL

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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: