2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # F94241** 1. Entity Name JEFRA CONSTRUCTION INC. 04-25-2001 90083 016 ***150.00 Mailing Address Principal Place of Business % JESUS DOMINGUEZ % JESUS DOMINGUEZ 4338 SW 8 ST. 4338 SW 8 ST. 748085 MIAMI FL 33134 MIAMI FL 33134 2. Principal Place of Business 3. Mailing Address 4441 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2206945 Not Applicable \$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 Name DOMINGUEZ. JESUS Street Address (P.O. Box Number is Not Agogotable) 19045 SW 119 CT. MIAMI FL 33177 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State) / () ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. WayiNGUEV JESUS Change ☐ Addition CR2E034 (10/00 Delete TITLE TITLE HAY SWILOST. DOMINGUEZ, JESUS NAME NAME STREET ADDRESS STREET ADDRESS 4338 SW 8 ST. MIAMIN X .: 35 PS CITY-ST-7IP CITY-ST-ZIP MIAMI FL Change ☐ Addition Delete TITLE TITLE NAME DOMINGUEZ, FELICIA NAME STREET ADDRESS STREET ADDRESS 14045 S.W. 110TH ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL. Addition ☐ Change Delete TITLE TITLE DOMINGUEZ, ERNESTO NAME NAME STREET ADDRESS STREET ADDRESS 19115 SW 119 CT. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 ent with an address with all other like empowered. changed, or on an attack

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR