2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 15, 2000 8:00 am Secretary of State **DOCUMENT # G97622** 1. Entity Name SERRAES CONSTRUCTION GENERAL CONTRACTOR, INC. 02-15-2000 90057 045 ***158.75 Principal Place of Business Mailing Address 1300 53RD ST. 1300 538D ST. WEST PALM BEACH FL 33407-2207 WEST PALM BEACH FL 33407-2288 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2390689 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name O'CONNELL, BRIAN M. Street Address (P.O. Box Number is Not Acceptable) 515 N FLAGER DR. WEST PALM BEACH FL 33402 Zip Code 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 DATE Signature, typed or printed 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 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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State П (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DVS TITLE ☐ Change ___ Addition ☐ Delete TITLE SERRAES, MARTIN EUGENE NAME NAME STREET ADDRESS STREET ADDRESS 5137 EL CLARO CIRCLE CITY-ST-ZIP CITY-ST-ZIP W. PALM BEACH FL ☐ Addition Change DPT ☐ Delete TITLE TITLE SERRAES, ANDREA MARIE NASSE NAME 221 SHOREWOOD WAY STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP JUPITER FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP