2000 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2000 8:00 am Secretary of State DOCUMENT # H00869 1. Entity Name CONSTRUCTION CONSULTANTS UNLIMITED, INC. 04-24-2000 90141 050 ***150.00 Mailing Address Principal Place of Business 3110 JASMINE DRIVE 3110 JASMINE DRIVE DELRAY BEACH FL 33071-5410 DELRAY BEACH FL 33483-4704 644862 3. Mailing Address 2. Principal Place of Business MMANOR 12769 NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2503521 CORAL SARINIGS FLI Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JULIUS KRASNOVE KRASNOVE, JULIUS Street Address (P.O. Box Number is Not Acceptable) 12769 NW 18TH MANOR 310-JASMINE DB CORAL SPRINGS, FL 33071 DELRAY BEACH EL 33483 Zin Code 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 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 (See criteria on back) ADDUPIOS KHASHOVE CERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Delete TITLE **12769 NW 18TH MANOR** NAME KRASNOVE, KEITH M NAME CORAL SPRINGS, FL 33071 STREET ADDRESS STREET ADDRESS 10100 W SAMPLE RD 3RD FL CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL ☐ Change Addition ☐ Delete TITLE TITLE KRASNOVE, JULIUS NAME STREET ADDRESS STREET ADDRESS 3110 JASMINE DRIVE CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL** · 🔲 Addition -Change TITLE ___.Delete. KRASNOVE, ADELINE NAME NAME STREET ADDRESS STREET ADDRESS 3110 JASMINE DRIVE CITY-ST-ZIP CITY-ST-ZIP **DELRAY BECH FL** Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITUE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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.

SIGNATURE:

(SULLOS) KRASALOVE PARES 4/17/00 97
SNING OFFICER OR DIRECTOR Date Daytime Phone