2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 15, 2000 8:00 am Secretary of State **DOCUMENT # H24501** MAX SOUTH CONSTRUCTION, INC. 05-15-2000 90251 045 ***150.00 Principal Place of Business Mailing Address 13203 N.E. 16TH AVENUE 13203 N.E. 16TH AVENUE P.O. BOX 61-1631 P.O. BOX 61-1631 NORTH MIAMI FL 33161-4419 NORTH MIAM! FL 33161 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 59-2454125 Not Applicable Zip Zip Country \$8.75 Additional 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 PITCHMAN, ERIC Street Address (P.O. Box Number is Not Acceptable) 104 N.E. 100TH STREET MIAMI SHORES FL 33138 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition PD ☐ Delete TITLE PITCHMAN, ERIC NAME STREET ADDRESS STREET ADDRESS 104 N.E. 100TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI SHORES FL ☐ Delete TITLE ☐ Change Addition TITLE PITCHMAN, JONINA NAME NAME STREET ADDRESS STREET ADDRESS 104 N.E. 100TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI SHORES FL ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change T Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

04/10/00

305-891-0880