Aug 25, 2003 8:00 am Secretary of State FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR) DOCUMENT #** 08-25-2003 90095 005 ***150.00 OKRENT CONSTRUCTION, INC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 6250 N. Andre الواء Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE مهارك 4. FEI Number 59-255 6938 Applied For City & State Not Applicable \$8.75 Additional Country Zin 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent A Okrew DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable), IN THIS SPACE 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 and title if applicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS CR2E034B (12/01) TITLE TITLE it stoven A NAME STREET ADDRESS STREET ADDRESS paro Beach F1 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY_ST_ZIP_ TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME 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 on an

954 980-2047

Daytime Phone #

attachment with an address, with all other like empower

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

TRANSMITTAL

DATE:

July 24, 2003

TO:

Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

FAX #:

(850 j

VOICE #:

488-9000

FROM:

OKRENT CONSTRUCTION

FAX#:

(954) -788-4821

VOICE#:

(954)785-4645

ATTENTION:

RE:

Uniform Business Report

I recently received a notification from you stating that you did not receive my uniform business report along with the fee.

I mailed the report to you in early April, a copy of the check is attached, I always keep a copy of the filing and check to verify status.

I subsequently checked my banking records and discovered the check has never been cleared. Presumably it got lost in the mail.

Please notify what you would like me to do. I can stop payment on the original check, and issue you a new check, but I do not want to do that in case you have recently deposited it.

Please notify me at your earliest convince.

You can reach me on my cell phone, (954) 980-2047

Sincerely,

Steven Okrent