2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 16, 2001 8:00 am Secretary of State **DOCUMENT # K13694** 1. Entity Name CONSTRUCTO BUILDING SERVICES, INC. 02-16-2001 90020 047 ***150.00 Mailing Address Principal Place of Business 7975 NW 154TH ST 7975 NW 154TH ST SUITE 400 SUITE 400 HIALEAH FL 33016-5849 HIALEAH FL 33016-5849 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0029473 Not Applicable Country \$8.75. Additional Zip Country Zip 5. Certificate of Status Desired - - -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OSMAN, L. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1474-A WEST 84TH ST. HIALEAH FL 33016 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. DATÉ 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Change ☐ Addition TITLE □ Delete TITLE NAME NAME CARDOSO, DENNIS STREET ADDRESS STREET ADDRESS 7975 NW 154 ST STE 400 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33016** Change Addition TITLE ☐ Delete TITLE Myares, John NAME NAME 004#/2 PZI WN 2FPT STREET ADDRESS STREET ADDRESS Miami Lakes FL 33016 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE

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.

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ADDRESS

IMMA J. CAL DOTO PRESIDENT IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ·Cardors