2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # K28498 May 19, 2000 8:00 am 1. Entity Name Secretary of State ARTIGUES CONSTRUCTION CORP. 05-19-2000 90100 008 ***150.00 Mailing Address Principal Place of Business 4936 SW 74 COURT 4936 SW 74 COURT MIAMI FL 33155-4481 MIAMI FL 33155 3. Mailing Address 2. Principal Place of Business 7400 SW IER TEN 50 7400 SW Suite, Apt. #, etc. **207** DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 207 Applied For City & State 4. FEI Number City & State 65-0059996 MAMI, Not Applicable Country A Zip ---33155 \$8,75 Additional Country 5. Certificate of Status Desired usa 33155 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARTIGUES, SERGIO R. Street Address (P.O. Box Number is Not Acceptable) -4936 SW 74 COURT -MIAMI FL-33155 Zip 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 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. 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 OFFICERS AND DIRECTORS 12. 11. Change Addition PD TITLE . 🔲 Delete TITLE ARTIGUES, SERGIO R. NAME NAME STREET ADDRESS STREET ADDRESS 4762SW 154 AVE CITY-ST-7IP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE ☐ Delete TITLE Change Addition 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 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.

SERGIO R. ARTIGUES, PRES.

MINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-666-6556

Daytime Phone #