2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

K58294 DOCUMENT

1. Entity Name

Principal Place of Business

EAGLE MECHANICAL CONTRACTORS, INC.

No. of the last of
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FILED Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90370 015 ***158.75

7539 NW 70TH ST. 75			Address / 70TH ST. L 33166						
2. Principal Place	of Business	3. Mailin	g Address		-j i feraldisi bal bilah salia sirila idak albi albi albi albi albi albi albi albi				
Suite, Apt. #, e	tc.	Suite,	Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City &	City & State		4. FEI Number 65-0092633	Applied For Not Applicable			
Zip	Country	Zip		Country		\$8.75 Additional Fee Required			
(6. Name and Address of Cu	rrent Registered	Agent		7. Name and Address of New Registered Agent				
ESTRADA, FRANCISCO J. 7539 NW 70TH ST.				<u> </u>	Name Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 3310									
2				City	FL Zip	Code			
	ned entity submits this statem of registered agent.	ent for the purpos	e of changing its rec	gistered office or regi	stered agent, or both, in the State of Florida. I am familiar v	vith, and accept			
SIGNATURESigna	ature, typed or printed name of registered	d agent and title if applica	ble. (NOTE: Re	egistered Agent signature rec	quired when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						5.00 May Be dded to Fees			
10. OFFICERS AND DIRECTORS 11.			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE DTC	•								

Afte Make Check	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of State				Election Campaign Financing Trust Fund Contribution.		O May Be to Fees	
10.	OFFICERS AND DIRECTORS		11.	ADI	ADDITIONS/CHANGES TO OFFICERS AND		D DIRECTORS IN 11	
	PTS ESTRADA, FRANCISCO J. 7539 NW 70TH ST MIAMI FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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12. I hereby certify that the information supplied with this filling 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 flur the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: