2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K96311 Apr 13, 2000 8:00 am Secretary of State SUMMERS PERINI CONSTRUCTION, INC. 04-13-2000 90038 025 ***150.00 Principal Place of Business Mailing Address 261 E PROSPECT RD 261 E PROSPECT RD OAKLAND PARK FL 33334-1441 OAKLAND PARK FL 33334 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0130902 Not Applicable Country \$8.75 Additional Zip 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 MURPHY, MARY ELLEN Street Address (P.O. Box Number is Not Acceptable) 261 E PROSPECT RD OAKLAND PARK FL 33334 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. 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 11. Addition PTD ☐ Change TITLE Delete PERINI, VINCENT NAME STREET ADDRESS 261 E PROPSECT RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP OAKLAND PARK FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE MURPHY, MARY ELLEN NAME STREET ADDRESS STREET ADDRESS 261 E PROSPECT RD CITY-ST-ZIP CITY - ST - ZIP OAKLAND PARK FL ☐ Change ☐ Addition Delete TITLE ABADIE: GEORGE A NAME NAME STREET ADDRESS STREET ADDRESS 261 E. PROSPECT ROAD CITY-ST-ZIP CITY-ST-ZIP OAKLAND PARK FL 33334 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

13. 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 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.

STREET ADORESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP