2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 JUN 23 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000495O AF

DOCUMENT # L99000007637

1. Entity Name
RJL GENERAL CONTRACTOR & ASSOCIATES, L.L.C.

Principal Place of Business	Mailing Address
612 S.E. 5TH AVENUE FT. LAUDERDALE FL 33301	612 S.E. 5TH AVENUE FT. LAUDERDALE FL 33301-3142

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. #4	Suite, Apt. #, etc. #4
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0965959 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M ESQ.
SUNTRUST INTERNATIONAL CENTER
ONE S.E. 3RD AVENUE, SUITE 2400
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name JAMES D EVANS
Street Address (P.O. Box Number is Not Acceptable) 612 SE 5 AVE #4
City Ft Lauderdale **FL** Zip Code 33301

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 ✕ JAMES D EVANS 4/28/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

200003301912--4
-06/06/00--01006--001
***2225.00 *****55.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JAMES D. EVANS 612 S.E. 5 AVE #4 Ft Lauderdale, Fl 33301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HARRIETTE MOORE 612 SE 5 AVE #4 Ft Lauderdale, Fl. 33301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR NICHOLAS AMARO 612 SE 5 AVE #4 Ft Lauderdale, Fl 33301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ROBERT J. LIPSCOMB 612 SE 5 AVE #4 Ft Lauderdale, Fl 33301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FF $50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHS 5.00	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ✕ SIGNATURE JAMES D EVANS 4/28/00 954-522-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

CR2E083 (9/99)