2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State
02-28-2003 90152 041 ***150.00

DOCUMENT # M40722

1. Entity Name
C. TARAFA CONTRACTING, INC.

Principal Place of Business	Mailing Address
232 MIRACLE MILE CORAL GABLES FL 33134 US	P O BOX 347198 CORAL GABLES FL 33234 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4207 SW 13 Street	SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33134 — Country: USA	Zip — Country

4. FEI Number 59-2715866 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TARAFA, CARLOS 7305 VISTALMAR ST CORAL GABLES FL 33143	Name: CARLOS F. TARAFA Street Address (P.O. Box Number is Not Acceptable): 17555 Collins Ave. Unit: TS-3 City: Sunny Isles FL Zip Code: 33160

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] PRESIDENT 2/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required 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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVS	☒ Delete	TITLE	PSD	☒ Change ☐ Addition
NAME	TARAFA, CARLOS		NAME	CARLOS F. TARAFA	
STREET ADDRESS	7305 VISTALMAR ST		STREET ADDRESS	17555 Collins Ave, TS-3	
CITY-ST-ZIP	CORAL GABLES FL 33143		CITY-ST-ZIP	Sunny Isles, Fl. 33160	
TITLE	TD	☒ Delete	TITLE	VT	☒ Change ☐ Addition
NAME	TARAFA, CARLOS		NAME	CARLOS R. TARAFA	
STREET ADDRESS	VISTALMAR ST		STREET ADDRESS	1251 SW 72 court	
CITY-ST-ZIP	CORAL GABLES FL 33143		CITY-ST-ZIP	Miami FL. 33156	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] CARLOS F. TARAFA PRESIDENT 2/25/03 (305) 476-0018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)