FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Sep 14, 2001 8:00 am Secretary of State DOCUMENT # M47240 1. Entity Name 09-14-2001 90009 019 ***150.00 ERNESTO RODRIGUEZ CONSTRUCTION, INC. Principal Place of Business Mailing Address 5590 SW 6 ST P O BOX 351627 MIAMI FL 33134 MIAMI FL 33135 2. Principal Place of Business 3. Mailing Address 3440 N.W. 7TH STREET 3440 N.W. 7TH STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2810283 MIAMI, FL MIAMI, FL Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33125 33125 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIQUEZ, ERNESTO Street Address (P.O. Box Number is Not Acceptable) 3440 N.W. 7TH STREET 1313 PONCE DE LEON BLVD. #300 CORAL GABLES FL\33134 City MIAMI Zip Code 33125 8. The above named entity submits this sta he purpose of changing its registered office or registered agent, or both, in the State of Florida. 9/7/01 Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE X Change ☐ Addition NAME RODRIGUEZ, ERNESTO J. NAME STREET ADDRESS 5509 SW 6 ST 3440 S.W. 7TH STREET STREET ADDRESS CITY-ST-7IP MIAMI FL 33134 MIAMI, FL 33125 CITY-ST-ZIP TITLE ☐ Delete TITLE (X) Change ☐ Addition NAME RODRIQUEZ, JANET M NAME STREET ADDRESS 5590 SW 6 ST STREET ADDRESS 3440 S.W. 7TH STREET CITY-ST-7IP MIAMI FL 33135 CITY-ST-ZIP MIAMI, FL TITLE □ Delete -TITLE -- -☐ Change — ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this thing 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 attached