2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 09, 2001 8:00 am Secretary of State **DOCUMENT # M63218** 1. Entity Name EBSARY CONSTRUCTION SERVICES, INC. 01-09-2001 90008 049 ***150.00 Principal Place of Business Mailing Address 2154 NW NORTH RIVER DRIVE 2154 NW NORTH RIVER DRIVE MIAMI FL 33125-9297 MIAMI FL 33125-9297 DUDUDUDO 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0033382 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EBSARY, RICHARD W. Street Address (P.O. Box Number is Not Acceptable) 2154 NW NORTH RIVER DRIVE **MIAMI FL 33125** Zip Code City FL statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named enti-SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Addition Change PTS ☐ Delete TITLE TITLE NAME EBSARY, RICHARD W. STREET ADDRESS 2154 NW NORTH RIVER DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7/P CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 13. 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 frue 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 optrusted embowered 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.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: