2002 UNIFORM BUSINESS REPORT (UBR)

Mar 31, 2002 8:00 am DOCUMENT # POODOCO 13793 **Secretary of State** 1. Entity Name 03-31-2002 90330 006 ***158 75 ADB Constructions Co. Principal Place of Business Mailing Address UPPOURUE 520 Brickell key Dr. #614 same Miami, FL 33131 2. Principal Place of Business 3. Mailing Address same 520 Brickell key Dr. # 614 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE miami City & State City & State 4. FEI Number Applied For 33131 65-0976699 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ, BEHAR & ASSOCIATES, PA NIMA NIAT BATAIRE 520 Brickell Key Dr. # 614 Street Address (P.O. Box Number is Not Acceptable) MIGMI FL 33131 520 Brickell Key Dr,#614 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 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. Trust Fund Contribution. (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE EFRAIN A MIN BAJAIRE Change PSTD Maria E RENDON NAME NAME 520 BRICKELL KEY Dr. # 1014 Dr,#614 STREET ADDRESS STREET ADDRESS SZO BrICKELL KEY MIAHI, FL 33131 (PresIDENT) CITY-ST-ZIP CITY-ST-ZIP TITLE MARGARITA S. DIAZ B. Change X Addition Delete TITLE NAME NAME 520 Brickell Key Dr #614 STREET ADDRESS STREET ADDRESS miami, FL 33131 (vice-president) CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Delete TITI F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS DITY-ST-78 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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

ith an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment

SIGNATURE:

FILED