2001 UNIFORM BUSINESS REPORT (UBR)

Mar 21, 2001 8:00 am DOCUMENT # P0000015263 **Secretary of State** S & T CONSTRUCTION CO. 03-21-2001 90038 003 ***150.00 Principal Place of Business Mailing Address 11045 S.W. 42ND TERRACE 11045 S.W. 42ND TERRACE MIAMI FL 33165 MIAMI FL 33165 900099 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-1003870 Not Applicable Country Zip Country Ζip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SANTANA, ERNESTO Street Address (P.O. Box Number is Not Acceptable) 11045 S.W. 42ND TERRACE MIAMI FL 33165 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 CH2E034 (10/00) TITLE Change ☐ Addition TITLE Delete NAME SANTANA, ERNESTO NAME STREET ADDRESS STREET ADDRESS 11045 S.W. 42ND TERRACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** TITLE Delete TITLE ☐ Change NAME SANTANA, EVETTE NAME STREET ADDRESS STREET ADDRESS 11045 S.W. 42ND TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 TITLE Detete TITLE Addition TAMAYO, NATALIA NAME STREET ADDRESS STREET ADDRESS 3712 S.W. 85TH AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change

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 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 attachment with an address, with all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

3/18/01 (305) 978-400