2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 16, 2002 8:00 am Secretary of State P00000038594 DOCUMENT # 05-16-2002 90046 001 ***150.00 ROYAL CONSTRUCTION & ENGINEERING SERVICES, INC. Principal Place of Business Mailing Address 10850 S.W. 113TH PLACE 10850 S.W. 113TH PLACE SUITE 101 SUITE 101 MIAMI FL 33176 **MIAMI FL 33176** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1023380 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 RICARDI, GIOVANNI Street Address (P.O. Box Number is Not Acceptable) 10850 S.W. 113TH PLACE SUITE 101 MIAMI FL 33176 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, 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 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition TITLE Delete TITLE LOUIS, STANLEY NAME NAME **CR2E034** STREET ADDRESS STREET ADDRESS 10801 S.W. 123RD ST. CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME LAPLANTE, ADNER STREET ADDRESS STREET ADDRESS 13651 NE MIAMI COURT CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33176 Addition Change TITLE ☐ Delete TITLE NAME RICCARDI, GIOVANNI NAME STREET ADDRESS STREET ADDRESS 11385-F SW 109 RD. CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33176 -Change --- - Addition -TITLE ☐ De ete TITLE SD NAME NAME devilme, Jean S STREET ADDRESS 13700 SW 62ND ST APT 206 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 SD ☐ Delete TITLE Change ☐ Addition NAZAIRE, RAYMOND NAME STREET ADDRESS 10930 S.W. 134TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED