2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P0000051757 1. Entity Name DIVERSIFIED HOME SERVICES & CONSTRUCTION, INC. 04-24-2001 90311 006 ***150.00 Principal Place of Business Mailing Address 8362 PINES BLVD. SUITE 213 8362 PINES BLVD. SUITE 213 PEMBROKE PINES FL 33025 PEMBROKE PINES FL 33025 Principal Place of Business 3. Mailing Address HNES BLUD. 8362 tines 5WD. 8362 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 213 #213 City & State City & State 4. FEL Number Applied For 65-100-49-25 mbroke thes. TEMBROKE-TIMES FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U.S.A. 33024 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CASH STEVEN CASH, STEVEN Street Address (P.O. Box Number is Not Acceptable) 301 SW 99TH TERRACE PEMBROKE PINES FL 33025 18880 N.W. 19th ST. 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change ☐ Addition ☐ Delete TITLE CASH , STEVEN NAME NAME CASH, STEVEN 19880 N.W. 19th ST. STREET ADDRESS STREET ADDRESS 301 SW 99TH TERR. CITY-ST-ZIP CITY-ST-7IP PEMBROKZ PINZS, FL. 33029 PEMBROKE PINES FL 33025 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: