FILED

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 13, 2001 8:00 am Secretary of State DOCUMENT # P0000052971 1. Entity Name J & J DURABLE FENCE, INC. 03-13-2001 90072 048 ***150.00 Principal Place of Business Mailing Address 9121 N.W. 171 STREET 9121 N.W. 171 STREET MIAMI FL 33018 **MIAMI FL 33018** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FELNumber 101 2394 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOLAYA, DALIA L Street Address (P.O. Box Number is Not Acceptable) 9121 N.W. 171 STREET **MIAMI FL 33018** City Zip Code FL 8. The above named entity submits this patement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE; Registered Agent signature required when reinstating) d agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Channe ☐ Addition CR2E034 (10/00 BARREIRO, JORGE L NAME NAME STREET ADDRESS STREET ADDRESS 9121 N.W. 171 STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33018** TITLE ☐ Delete TITLE ☐ Change Addition SOLAYA, DALIA L NAME NAME STREET ADDRESS STREET ADDRESS 9121 N.W. 171 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33018 Change ~ Addition TITLE ☐ Delete TITLE NAME CAMBLOR, JOSE R NAME STREET ADDRESS STREET ADDRESS 1339 WEST 49TH PLACE #405 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 empewered 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 partier like empowered.

THE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR