DOCUMENT # P0000063718 1. Entity Name ONSITE CONSTRUCTION, INC. Principal Place of Business Mailing Address FILED Apr 20, 2001 8:00 am Secretary of State 04-20-2001 90165 018 ***150.00

ONSITE CONSTRUCTION, INC.							04-20-2001 90165 018 ***150.00			
Principal Place of Business			Mailing Address 10720 SOUTHWEST 38TH STREET			· · · ·				
iami FL 33165	5		MIAMI FL 33165				A KARANGEN ISH ORBIK ADAM DOMIN GOMIN EDIM DOMIN	16)18 D)188 11)11 1 013 1		
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			
Zip Country			Zip Country		try		5. Certificate of Status Desired	\$8.75 ^	dditional	
	6 Nome	and Address of Current R	egistered Agent		1		7. Name and Address of New Regist			
	o. Naino		egistered Agent		Name		~ · · · · · · · · · · · · · · · · · · ·	olog Agom		
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE					Street Address (P.O. Box Number is Not Acceptable)					
	almeria a IAL GABLES						·			
					City	FL Zip Code				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re FILE NOW!!! After MAY 1, 2001 Make Check Payable					will be \$550.00 Trust Fund Contribution.					
11.		OFFICERS AND D	IRECTORS	12.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	PRS IN 11	
ITLE VAME STREET ADDRESS CITY-ST-ZIP	10720 SO	, george Uthwest 38th Stree	☐ Delete			107	rla Hernandez 20 S.W. 38 St 15m; Fl 33165	⊋ Change	e 🗌 Addition	
	MIAMI FL	33165	Delete	TITLE			1411 - 33163	Change	e	
TITLE	TD	NET DICADOO I	LT Delete	NAMI		ITD.	o Hernandez	E ondig.		
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NAME	NEADEL,		-	NAM	Ε		ardo Harnandez			
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CITY-ST-ZIP	MIAMI FL	33165	-100	+	-ST-ZiP	$ \mathbf{m} $	iami F1 33165		7 44790	
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CITY-ST-ZIP		****		CITY	-ST-ZIP			·		
TITLE			☐ Delete	TITLE		•		☐ Change	e 🔲 Addition	
NAME	1			NAM	E Et address	1			ł	

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-01

(305) 219-1211

Daytime Phone #