2003	FOR	PROFIT	CORPORA	TION
UNIFO	RM B	USINES	S REPORT	(UBR)

May 21, 2003 8:00 am § Secretary of State P00000081417 DOCUMENT # 05-21-2003 90194 013 ***150.00 RUZZANO CONSTRUCTION INC. Mailing Address Principal Place of Business 3890 NW 4TH COURT 3890 NW 4TH COURT COCONUT CREEK FL 33066 COCONUT CREEK FL 33066 2. Principal Place of Business 3. Mailing Address -1-6-Fas CHECK HERE IF MAKING CHANGES & State ity & State 4. FEI Number Applied For 65-1032762 orida Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 063 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent RUZZANO, THOMAS Street Address (P.O. Box Number is Not Acceptable) 3890 NW 4TH COURT **COCONUT CREEK FL 33066** 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. I am familiar with, and accept the obligations of registers SIGNATURE name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DVP ☐ Delete TITLE DVP ☐ Addition TITLE RUZZANO, THOMAS NAME NAME NOMAS STREET ADDRESS 3890 NW 4TH COURT STREET ADDRES Orive Ent **COCONUT CREEK FL 33066** CITY-ST-ZIP CITY-ST-ZIP 3062 TITLE TITLE ☐ Addition ☐ Delete NAME RUZZANO, AMANDA NAME STREET ADDRESS 3890 NW 4TH COURT STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 33066 CITY-ST-7 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Change TITLE Delete

12. 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 10 or Block 11 if changed, or on an attachment with alyaddress, with all other like empowered.

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

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SIGNATURE:

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