AMENDED

FILED

03 DEC -3 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100025185914
12/03/03--01008--019 **61.25

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000086640

1. Entity Name
FLORICON CONSTRUCTION CORP.

Principal Place of Business	Mailing Address
~~800 SE 3RD AVENUE SUITE 301~~	~~800 SE 3RD AVENUE SUITE 301~~
~~FORT LAUDERDALE, FL 33316~~	~~FORT LAUDERDALE, FL 33316~~

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
3866 Prospect Ave.		3866 Prospect Ave.	
Suite, Apt. #, etc. Suite A-11		Suite, Apt. #, etc. Suite A-11	
City & State Riviera Beach, Florida		City & State Riviera Beach, Florida	
Zip 33404	Country USA	Zip 33404	Country USA

4. FEI Number 65-1042529 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUQUE, SANTIAGO JR
800 SE 3RD AVENUE SUITE 301
FORT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

Name White, Adolfo Machado

Street Address (P.O. Box Number Is Not Acceptable)

3866 Prospect Ave. Suite A-11

City Riviera Beach, Florida FL Zip Code 33404

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 registered agent.

SIGNATURE *Adolfo Machado White* 11/25/2003

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	DUQUE, SANTIAGO JR		NAME	White, Adolfo Machado	
STREET ADDRESS	800 SE 3RD AVENUE SUITE 301		STREET ADDRESS	3866 Prospect Ave. Suite A-11	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		CITY-ST-ZIP	Riviera Beach, Fl. 33404	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 an address, with all other like empowered.

SIGNATURE: [signature] 11/25/2003 954-763-8100 x111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)