2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 27, 2001 8:00 am Secretary of State DOCUMENT # P00000089533 HAIBEST INTERNATIONAL CONSTRUCTION, INC. 02-27-2001 90355 022 ***158.75 Principal Place of Business Mailing Address 7460 SW 130TH STREET 7460 SW 130TH STREET PINECREST FL 33156 PINECREST FL 33156 OTOOP9 2. Principal Place of Business 3. Mailing Address 18395 SW 138th Court <u> 18395≍gW 138th Court</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Miami, Florida Miami Florida Not Applicable 65-1044403 Zip Country \$8.75 Additional 5. Certificate of Status Desired 33177 USA 331.77 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fabienne Berret PARKS, LARRY D ESQ. Street Address (P.O. Box Number is Not Acceptable) **7460 SW 130TH STREET** 18395 SW 138th Court PINECREST FL 33156 33177 <u>Miami</u> 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. FABIENNO 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITI F Change ☐ Addition President BERRET, MICHEL-ANGE NAME NAME Berret, Michel-Ange STREET ADDRESS 112-49 N KENDALL DRIVE #G104 STREET ADDRESS 18395 SW 138 Court, Mia. CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33176 Change TITLE ☐ Delete TITLE V-President BERRET, FABIENNE NAME NAME Berret, Fabienne STREET ADDRESS 112-49 N KENDALL DRIVE #G104 STREET ADDRESS 18395 SW 138 Court CITY-ST-7IF MIAMI FL 33176 CITY-ST-ZIP Miami, Fl. 33177 TITLE ~ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

ordent fabrence Berret 2-21-01