2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P0000090084 1. Entity Name STRUCTURAL SPECIALISTS MANAGEMENT COMPANY 04-02-2001 90284 023 ***150.00 Principal Place of Business Mailing Address 7951 S.W. 40TH STREET 7951 S.W. 40TH STREET STE 206 STE 206 C0039778 MIAMI FL 33155 **MIAMI FL 33155** 3. Mailing Address 2. Principal Place of Business 132 Ase 2761 2161 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FE: Number 1043374 MIAMI, FL Not Applicable Country Zip 33175 \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent olando Ortec DIAZ, O.J. Street Address (P.O. Box Number is Not Acceptable 7951 S.W. 40TH STREET **STE 206** MIAMI FL 33155 MIAMI 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Rolando ORtean Change ☐ Addition TITLE **PVST** ☐ Delete TITLE 2761 SW 132 Ave ORTEGA, ROLANDO NAME NAME STREET ADDRESS STREET ADDRESS 7951 S.W. 40TH STREET MIAMI, FL 33175 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** Rolando ortega **∑** € hange ☐ Addition ☐ Delete TITI E TIT1 F NAME ORTEGA, ROLANDO NAME 0761 5W 132 Ave MI AMI, FZ 33175 STREET ADDRESS STREET ADDRESS 7951 S.W. 40TH STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** Change Delete TITLE -TITLE-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

OFFICER OR DIRECTOR

Daytime Phone #