2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2002 8:00 am Secretary of State DOCUMENT # P00000104336 1. Entity Name VES-PHREY CONSTRUCTION CORP. 05-08-2002 90147 021 ***150.00 Principal Place of Business Mailing Address 12602 N.W. 12TH COURT 12602 N.W. 12TH COURT SUNRISE FL 33323 SUNRISE FL 33323 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 Applied For 65-1952873 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRATTER, JOSHUA ESQ Street Address (P.O. Box Number is Not Acceptable) LAW OFFICES OF BRATTER & KRIEGER, LLP ,777 17TH STREET PH SUITE MIAMI BEACH FL 33139 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F ☐ Delete TITLE Change ☐ Addition NAME JAMES, HUMPHREY S NAME STREET ADDRESS P.O. BOX 823261 STREET ADDRESS CITY-ST-7IP PEMBROKE PINES FL 33082 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME -JAMES, JOHN BRIAN NAME STREET ADDRESS 6235 S.W. 18TH STREET STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33023 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME POTTINGER, CAROL STREET ADDRESS 12602 N.W. 12TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33323 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-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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.

CR2E034 (9/01)

Daytime Phone #