2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Sep 17, 2001 8:00 am Secretary of State DOCUMENT # P00000105653 1. Entity Name R&M CONSTRUCTION MANAGEMENT GROUP, INC. 09-17-2001 90002 036 ***550.00 Principal Place of Business Mailing Address 19026 NORTHWEST 67TH COURT 19026 NORTHWEST 67TH COURT MIAMI FL 33015 MIAMI FL 33015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FELNumber 1054211 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 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 % TITLE ☐ Delete TITLE Change (☐ Addition CR2E034 (5/01) GEBAIDE, MARIA H NAME NAME STREET ADDRESS 19026 NORTHWEST 67TH COURT STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33015** CITY-ST-ZIP TITLE VTD ☐ Delete TITLE Change Addition. NAME DAVIS, RICK L NAME STREET ADDRESS STREET ADDRESS 19026 NORTHWEST 67TH COURT CITY-ST-ZIP **MIAMI FL 33015** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS 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 of 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 of 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 of the corporation or the changed, or on an att address, with all other like empowered

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