2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 05, 2003 8:00 am Secretary of State P00000115099 DOCUMENT # 05-05-2003 91788 041 ***150.00 1. Entity Name J.M. ENGINEERING & CONSTRUCTION, CORP. Principal Place of Business Mailing Address 714 BALD CYPRESS RD 714 BALD CYPRESS RD WESTON FL 33327 WESTON FL 33327 us 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 59-3686833 F Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Broward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Gonzalez Juan GONZALEZ, JUAN DAVID Street Address (P.O. Box Number is Not Acceptable) 1201 East Bay DRIVE 714 BALD CYPRESS RD WESTON FL 33327 Zip Code 333327 med entity submits this statement for the 8. The above r ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation Gonzalez Juan Davio SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Gonzalez, Juan David TITLE TITLE ☐ Delete M Change Addition GONZALEZ, JUAN DAVID NAME NAME 1201 East Bay Drive Weston, FL 33327 714 BALD CYPRESS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Weston FL 33327 CITY-ST-ZIP Mino, Martha Lucia TITLE SD ☐ Delete TITLE Change Addition NAME NINO, MARTHA LUCIA NAME 1201 East Bay Drive Wester, J-L 33327 STREET ADDRESS 714 BALD CYPRESS ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WESTON FL 33327 Change TITI F ☐ Delete TITLE Nino, Martha Lucia ■ Addition NAME NINO, MARTHA LUCIA NAME 1201 East Bay Drive Wester, VI 33327 STREET ADDRESS STREET ADDRESS 714 BALD CYPRESS ROAD CITY-ST-ZIE CITY-ST-7IP Weston FL 33327 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 regarded by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attach