2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jun 07, 2001 8:00 am Secretary of State DOCUMENT # P00000115786 1. Entity Name TERRA ENGINEERING CONTRACTORS, INC. 05-11-2001 90311 047 ***150.00 Principal Place of Business Mailing Address 7270 NW 12 ST., STE 205 7270 NW 12 ST., STE 205 MIAMI FL 33126 MIAMI FL 33126 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1062894 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name arias, mariazell h Street Address (P.O. Box Number is Not Acceptable) 7270 NW 12 ST., STE 205 MIAMI FL 33126 Zip Code City FI 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. DATE (NOTE: Re: stered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Addition TITLE Change Delete TITLE NAME arias, mariazell h NAME STREET ADDRESS STREET ADDRESS 7270 NW 12 ST., STE 205 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Defets TITLE TITLE NAME. NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS 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 it 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DISECTOR

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