2002 UNIFORM BUSINESS REPORT (UBR)

Mar 28, 2002 8:00 am \$ Secretary of State P00000116133 DOCUMENT # AAA BUILDERS INVESTMENT, INC. 03-28-2002 90039 016 ***150.00 Principal Place of Business Mailing Address 20523 OLD CUTLER ROAD 20523 OLD CUTLER ROAD MIAMI FL 33189-2454 MIAMI FL 33189-2454 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 65-1062367 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 LEZCANO, ALBERTO Street Address (P.O. Box Number is Not Acceptable) 20523 OLD CUTLER ROAD MIAMI FL 33189-2454 City Zip Code FL 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. 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 12 TITLE Delete TITI F Change ☐ Addition LEZCANO, AMADO SR NAME NAME 20523 OLD CUTLER ROAD STREET ADDRESS STREET ADDRESS MIAMI FL 33189-2454 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition LEZCANO, ALFREDO NAME NAME 20523 OLD CUTLER ROAD STREET ADDRESS STREET ADDRESS MIAMI FL 33189-2454 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEZCANO, ALBERTO NAME ... NAME 20523 OLD CUTLER ROAD STREET ADDRESS STREET ADDRESS MIAMI FL 33189-2454 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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:

FILED