2002 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # PO1000 May 13, 2002 8:00 am Secretary of State R.J.P. & BROTHERS CONSTRUCTION, CORP 05-13-2002 90159 041 ***158.75 Principal Place of Business Mailing Address 1710 NE 9th Ct. #D 1710 NE 9th Ct. #D Homestead, FL 33033 Homestead, FL 33033 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 65-1068574 Applied For 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 Jaimes, Remigio Street Address (P.O. Box Number is Not Acceptable) 1710 NE 9th Ct. #D Homestead, FL 33033 di 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 9. This corporation is eligible to satisfy its Intangible GOODS OF STREET, INVOINTED FOR Tax filing requirement and elects to do so. 10. Election Campaign Financing ater May it, some time will the efficient \$5.00 May Be (See criteria on back) Trust Fund Contribution. Mare Great Payable to Department of Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Ð Delete TITLE Change ☐ Addition NAME Jaimes, Remigio NAME STREET ADDRESS 1710 NE 9th Ct. # D STREET ADDRESS CITY-ST-ZIP Homestead, FL 33033 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME 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 TITLE ☐ Delete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 changed, or on an attachment with an address, with all other like empowered. Cennal-0 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR