CR2E034 (9/01

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am DOCUMENT # P01000020916 Secretary of State 1. Entity Name 02-05-2002 90152 009 ***150 00 CUSTOM CONSTRUCTION MANAGEMENT, CORP. Principal Place of Business Mailing Address 1706 W. 41ST ST., #B 1706 W. 41ST ST., #B HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address 57 1760 W ST 760 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable Country 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 BRESNAHAN, DANIEL W Street Address (P.O. Box Number is Not Acceptable) 1706 W. 41ST ST., #B HIALEAH FL 33016 1760 W 41 ST 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) FILE NOW!!! FEE IS \$150.00 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 75D TITLE ☐ Delete TITLE Change Change Addition GRAVERAN, NELSON. Graveran, NAME NAME STREET ADDRESS 1706 W. 41ST ST., #B STREET ADDRESS 1760, W Hialog CITY-ST-2MP HIALEAH FL 33016 CITY-ST-ZIP TITLE **VD** ☐ Delete TITLE Change Addition NAME BRESNAHAN, DANIEL NAME STREET ADDRESS 1706 W. 41ST ST., #B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 ☐ Change TITLE ☐ Delete TITLE **Addition** ISAbel GRISTINA GRAVERAD ISAbel CRISTINA GRAVERAN NAME NAME 1760 WEST 415T UNIT 13 STREET ADDRESS STREET ADDRESS HIAICAL FL 33012 HIALCAH FL 35012 CITY-ST-7IP 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

with all other like e

1/7/02

305-557-125

Daytime Phone #