2002 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2002 8:00 am Secretary of State P01000035679 **DOCUMENT #** 1. Entity Name 02-10-2002 90026 049 ***150 00 AY CONSTRUCTION INC. Principal Place of Business Mailing Address 4251 SW 159TH AVENUE 4251 SW 159TH AVENUE MIAMI FL 33186 33185 MIAMI FL 33186 33 185 2. Principal Place of Business AY CONSTRUCCION Inc 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2515.W 159 City & State City & State 4. FEI Number Applied For 45neame Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 93185 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANTANA, FIDEL A Street Address (P.O. Box Number is Not Acceptable) **4251 SW 159TH AVENUE** MIAMI FL 33186 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) 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE Delete TITLE SANTANA, FIDEL A NAME NAME 4251 SW 159TH AVENUE STREET ADDRESS STREET ADDRESS imiami FL 33186 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. Fidel A Santang 1-19-02 Daytime Phone

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