FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90276 033 ***150.00

DOCUMENT # P01000048181

1. Entity Name
Benchmark Construction Management Group Inc.

DO NOT WRITE IN THIS SPACE

656818

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8131 NW 11 St	8131 NW 11 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, Fl	City & State: Pembroke Pines
Zip: 33024 Country: USA	Zip: 33024 Country:

4. FEI Number: 65-0943437 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Darren Johnson

Street Address (P.O. Box Number is Not Acceptable): 8131 NW 11 St

City: Pembroke Pines FL Zip Code: 33024

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: Darren Johnson 4-24-02
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President	TITLE	
NAME	Darren Johnson	NAME	
STREET ADDRESS	8131 NW 11 St	STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines, Fl	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Christina Johnson	NAME	
STREET ADDRESS	8131 NW 11 St	STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines, Fl	CITY-ST-ZIP	
TITLE	Treasurer	TITLE	
NAME	Darren Johnson	NAME	
STREET ADDRESS	8131 NW 11 St	STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines Fl	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

954-258-0752

SIGNATURE: Darren Johnson 4-24-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #