FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01 00006 1912

1. Entity Name

AAA CONSTRUTION INC.

FILED

02 NOV 19 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7029 SW 61ST AVE ST 4	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SOUTH MIAMI	City & State
Zip: 33143-3428 Country	Zip Country

4. FEI Number: 65-1116371 ☐ 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: ALBERTO BENTANCOURT

Street Address (P.O. Box Number is Not Acceptable): 7029 SW 61ST. AVE. ST. 4

City: SOUTH MIAMI FL Zip Code: 33143-3428

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: A. Bentancourt 11/18/02

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: DSD NAME: ALBERTO BENTANCOURT STREET ADDRESS: 9821 SW 29 TERRA CITY-ST-ZIP: MIAMI FLA. 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP: 500008952715 11/19/02--01017--021 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP: REINSTATEMENT 02
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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.

SIGNATURE: A. Bentancourt 11/18/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #