2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90209 040 ***150.00

DOCUMENT # P01000066946

1. Entity Name
ENGINEERING & STEEL CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
10031 PINES BLVD SUITE 219 PEMBROKE PINES, FL 33024	10031 PINES BLVD SUITE 219 PEMBROKE PINES, FL 33024

2. Principal Place of Business	3. Mailing Address
1003 Shotgun Rd.	1003 Shotgun Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunrise, FL	City & State: Sunrise, FL
Zip: 33326 Country: U.S. A	Zip: 33326 Country: U-S.A

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1119570 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, DON ESQ
9050 PINES BLVD SUITE 450-F
PEMBROKE PINES, FL 33024

7. Name and Address of New Registered Agent

Name: Carlos Benitez
Street Address (P.O. Box Number Is Not Acceptable): 1820 N. Corporate Lakes Suite #201
City: Weston FL Zip Code: 33326

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 04/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BENITEZ, CARLOS 1535 NORTH PARK DRIVE SUITE 100 WESTON, FL 33326	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RODRIGUEZ, ANA PAOLA 1535 NORTH PARK DRIVE SUITE 100 WESTON, FL 33326	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04/30/03 954 4760813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)