APR. 10. 2002 1:03PM SHARFF WITTMER KURTZ

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
04-24-2002 90377 004 ***150.00

DOCUMENT # P01000069509

1. Entity Name
O, R. Construction + Development

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
14837 Balgowan Rd	14837 Balgowan Rd.
Suite, Apt. #, etc. Suite 204	Suite, Apt. #, etc. Suite 204
City & State Miami Fl.	City & State Miami Fl.
Zip 33016 Country U.S.A.	Zip 33016 Country U.S.A.

4. FEI Number 65-1120955 ☐ 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: Corporate Creations Network
Street Address (P.O. Box Number is Not Acceptable): 941 Fourth St. #200
City: Miami FL Zip Code: 33139

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Omar Rodriguez 14837 Balgowan Rd # 204 Miami Fl. 33016
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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.

SIGNATURE: _____ OMAR RODRIGUEZ 4/10/02 (305) 818-6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #