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2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME O

Apr 21, 2002 8:00 am & Secretary of State P01000087109 DOCUMENT # 1. Entity Name ALFARO CONSTRUCTION INC. 04-21-2002 90903 014 ***150 00 Principal Place of Business Mailing Address 12211 SW 93RD ST 12211 SW 93RD ST MIAMI FL 33186-1911 MIAMI FL 33186-1911 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1139457 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALFARO, SUSAN Street Address (P.O. Box Number is Not Acceptable) 12211 SW 93RD ST MIAMI FL 33186-1911 City 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) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01] ☐ Change Addition ALFARO, RAFAEL NAME NAME 12211 SW 93RD ST STREET ADDRESS STREET ADDRESS MIAMI FL 33186-1911 CITY-ST-7IP CITY-ST-ZIP VST TITLE ☐ Delete TITLE Change ☐ Addition ALFARO, SUSAN NAME NAME 12211 SW 93RD ST STREET ADDRESS STREET ADDRESS MIAMI FL 33186-1911 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ~ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 one attachment with an address, with all other like empowered.

RAFAEL ALFARO

JANUARY 19,2002 Daytime Phone #