

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90086 045 \*\*\*150.00

DOCUMENT # P01000090934  
1. Entity Name  
HB CONSTRUCTION GROUP CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2600 SW 92 PLACE  
Suite, Apt. #, etc.

3. Mailing Address  
2600 SW 92 PLACE  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI FL Country  
Zip 33165

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Zip 33165

4. FEI Number 65-1143789 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 JAVIER A. HERMEDA  
Street Address (P.O. Box Number is Not Acceptable)  
2600 SW 92 PLACE  
City MIAMI FL Zip Code 33165

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 Javier A. Hermeda JAVIER A. HERMEDA 4/9/02  
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)

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	<u>D/VP / S</u> <u>JAVIER A. HERMEDA</u> <u>2600 SW 92 PLACE</u> <u>Miami FL 33165</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D/PIT</u> <u>JOSE R. HERMEDA</u> <u>2600 SW 92 PLACE</u> <u>Miami FL 33165</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: Javier A. Hermeda JAVIER A. HERMEDA 4/9/02 (305) 228-5819  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)