2002 UNIFORM BUSINESS REPORT (UBR)

Mar 11, 2002 8:00 am § Secretary of State DOCUMENT # P01000104924 1. Entity Name R&R BRICK AND BLOCK CORPORATION 03-11-2002 90069 003 ***150.00 Principal Place of Business Mailing Address 2112 SPICE AVENUE 2112 SPICE AVENUE ORLANDO FL 32837 ORLANDO FL 32837 2. Principal Place of Business 3. Mailing Address 6166 SANDCREST SANDCREST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For URIANDO 59-3759554 Not Applicable \$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 TORO, RUBEN D Street Address (P.O. Box Number is Not Acceptable) 7345 SAND LAKE RD. 204 ORLANDO FL 32819 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 aTITLE PD TITLE. ☐ Delete ☐ Addition GARCEZ NAME PODRIGO A GARCEZ, RODRIGO A NAME 6166 SANDCREST CIR 5144 CONROY RD. APT. 1033 STREET ADDRESS STREET ADDRESS CETY-ST-ZIP ORLANDO FL 32811 CITY-ST-ZIP ORLANDO TITLE ☐ Delete TITLE ☐ Addition **Change** ANDRADE PAQUEL NAME DE ANDRADE, RAQUEL NAME 6166 SANDCREST CIR. STREET ADDRESS 5144 CONROY RD. APT. 1033 STREET ADDRESS CITY-ST-7IP ORLANDO FL 32811 CITY-ST-ZIP ORIANDO TITLE ☐ 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

FILED