2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2002 8:00 amg Secretary of State **DOCUMENT #** P01000107772 1. Entity Name G & L CONSTRUCTION SERVICES, CORP. 05-17-2002 90017 006 ***150.00 Principal Place of Business Mailing Address 5900 SOUTH SABLE CIRCLE 5900 SOUTH SABLE CIRCLE MARGATE FL 33063 MARGATE FL 33063 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 65-1151695 Applied For Zip Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent ARISTIZABAL, LUIS F Street Address (P.O. Box Number is Not Acceptable) 5900 SOUTH SABLE CIRCLE MIAMI FL 33138 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ARISTIZABAL, LUIS F ☐ Change ☐ Addition NAME NAME STREET ADDRESS 5900 SOUTH SABLE CIRCLE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33138 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition FERNANDEZ DAVILA, LILIANA NAME NAME STREET ADDRESS 5900 SOUTH SABLE CIRCLE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33138 CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 1

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(9/01)