FILED

2002 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-7iP

I hereby certify that the informati indicated on this report of suppli of the corporation or the receiver changed, or on an attachment w

SIGNATURE:

Jul 02, 2002 8:00 am **Secretary of State DOCUMENT #** P01000108278 05-16-2002 90084 036 ***150.00 SOLID FOUNDATION CONSTRUCTION COMPANY Principal Place of Business Mailing Address 96988 7378 SW 42 ST 7378 SW 42 ST MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 58511 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARO, JUAN RENE JR Street Address (P.O. Box Number is Not Acceptable) 7378 SW 42 ST **MIAMI FL 33155** 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, 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. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition CARO, JUAN RENE JR NAME NAME 7378 SW 42 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CARO, JUAN RENE S RR NAME NAME STREET ADDRESS 7378 SW 42 ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33155 CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTLE ☐ 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

n 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 mental 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 or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if