FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90738 029 ***150.00

90122922

FORPROFITCORPORATION UNIFORMBUSINESSREPORT(UBR)

DOCUMENT# P02000023509

1. EntityName
NCH CONSTRUCTION INC.
12020 VILLANOVA DR. APT 109
ORLANDO, FL 32837-7647

DO NOT WRITE IN THIS SPACE

DONOTWRITEINTHISSPACE

2. PrincipalPlaceofBusiness	3. MailingAddress
12020 VILLANOVA DR	12020 VILLANOVA DR.
Suite,Apt.#,etc.: 109	Suite,Apt.#,etc.: Apt. 109.
City&State: ORLANDO FL	City&State: ORLANDO, FL 32837
Zip: 32837 Country:	Zip: 32837 Country: USA.

4. FEINumber: 41-2035856 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

DO NOT WRITE IN THIS SPACE

7. **NameandAddressofCurrentRegisteredAgent**

Name: CARLOS A. CASTAÑO

StreetAddress (P.O.BoxNumbersNotAcceptable): 12020 VILLANOVA DR. Apt. 109, ORLANDO

City: ORLANDO FL ZipCode: 32837

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable (NOTE RegisteredAgentsignaturerequiredwhenre instating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE NAME STREETADDRESS CITY-ST-ZIP	PRESIDENT. CARLOS A. CASTAÑO 12020 VILLANOVA DR. APT 109, ORLANDO, FL 32837
TITLE NAME STREETADDRESS CITY-ST-ZIP	VICE-PRESIDENT, NINA MARIE HERRERA 12020-VILLANOVA DR. APT 109, ORLANDO, FL 32837
TITLE NAME STREETADDRESS CITY-ST-ZIP	SECRETARY. NINA MARIE HERRERA 12020 VILLANOVA DR. APT 109, ORLANDO, FL 32837
TITLE NAME STREETADDRESS CITY-ST-ZIP	TREASURER. GUILLERMO E. HERRERA 12020 VILLANOVA DR. APT 109, ORLANDO, FL 32837
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12. Iherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector of the corporation or the receiver or trustee empowered to execute this report as required byChapter607,FloridaStatutes; and that my name appears in Block 10oronan attachmentwith anaddress.withallotherlikeempowered.

SIGNATURE: _____ 04-29-03
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICEROR DIRECTOR Date DaytimePhone#

CR2E034B (12/02)