FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90990 017 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000064991

1. Entity Name
BUILDING SERVICE DIVISION BSD, C.A., INC.

90118884

Principal Place of Business	Mailing Address
3400 CORAL WAY, SUITE 600 MIAMI, FL 33145-3053	3400 CORAL WAY, SUITE 600 MIAMI, FL 33145-3053

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5460 N STATE RD 7	5460 N STATE RD 7
Suite, Apt. #, etc. #218	Suite, Apt. #, etc. #218
City & State FT LAUDERDALE FL	City & State FT LAUDERDALE FL
Zip 33319 Country USA	Zip 33319 Country USA

4. FEI Number 02-0620642 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CARMONA, RICARDO B
3400 CORAL WAY, SUITE 600
MIAMI, FL 33145-3053

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Ricardo Baron Carmona 04/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2003 Fee Will be $550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CARMONA, RICARDO B 3400 CORAL WAY, SUITE 600 MIAMI, FL 331453053	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Ricardo Baron Carmona 04/29/03 954-7335334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #