2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91151 028 ***150.00

DOCUMENT # P02000082111

1. Entity Name
CONSTRUCTION "R" US GROUP, INC.

11040573

Principal Place of Business	Mailing Address
4711 NW 79TH AVENUE, SUITE 6-F MIAMI FL 33166	4711 NW 79TH AVENUE, SUITE 6-F MIAMI FL 33166

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
5795 NW 109 AVE #8		5795 NW 109 AVE	
Suite, Apt. #, etc. #8		Suite, Apt. #, etc. #8	
City & State Miami, FL		City & State Miami, FL	
Zip 33178	Country USA	Zip 33178	Country USA

4. FEI Number 51-0417179 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHIQUITO, JOSE R
4711 NW 79TH AVENUE, SUITE 6-F
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name JOSE M. LUIS
Street Address (P.O. Box Number is Not Acceptable) 5795 NW 109 AVE #8
City Miami FL Zip Code 33178

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] DATE 4/28/03.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD LUIS, JOSE M 6210 NW 173 STREET AP 821 MIAMI FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHIQUITO, JOSE R 11411 NW 60 STREET, #273 MIAMI FL 33178	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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

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] 04/28/03 305-2445782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #