## Jul 14, 2003 8:00 am

FILED

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Secrétary of State P02000115786 **DOCUMENT #** 07-14-2003 90334 007 \*\*\*550.00 1. Entity Name SOOKDEO REMODELING, INC. Principal Place of Business Mailing Address 11051 SW 200TH STREET 11051 SW 200TH STREET SUITE 102 BLDG A SUITE 102 BLDG A MIAMI FL 33157 MIAMI FL 33157 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For -1030514 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ~ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KERR. BRYAN S Street Address (P.O. Box Number is Not Acceptable) KERR-& KERR LLP 9924\_SW 156 COURT **MIAMI FL 33196** City Zip Code 8. The above named eatity 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Addition SOOKDEO, BASDEO NAME NAME 11051 SW 200TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33157 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Addition ☐ Change SOOKDEO: ANALENE NAME NAME STREET ADDRESS 11051 SW 200TH STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33157** CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 eath; 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

BIBASDED SOOKDED