2003 FOR PROFIT CORPORATION

changed, or on an attachment with

SIGNATURE:

FILED May 30, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) Secretary of State P02000132284 DOCUMENT # 05-30-2003 90085 035 ***150.00 1. Entity Name ROSELLO, BALBOA & LORDI: ARCHITECTURE AND TOWN P LANNING, INC. Principal Place of Business Mailing Address 10705 SW 128TH TERRACE 10705 SW 128TH TERRACE MIAMI FL 33176 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address 1.31 SIFE 133Mo 13370 Suite, Apt, #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES Such 104 104 Sulle City & State City & State Applied For 4. FEI Number Miami 01-0758382 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired _____ Crusty (pust 33186 33 · E 6 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEISS, RICHARD B Street Address (P.O. Box Number is Not Acceptable 516 CASCADE FALLS DRIVE WESTON FL 33327 104 City 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 nt and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Delete TITLE ☐ Change ROSELLO, GEORGE J JR. NAME NAME 10705 SW 128TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176 TITLE **VP** ☐ Delete TITLE ☐ Change Addition NAME LORDI, LAWRENCE A NAME 9725 NORTH NEW RIVER CANAL ROAD, # 421 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324. TITLE ☐ Delete TITLE Change ☐ Addition SEC Balboa, Jorge A NAME STREET ADDRESS STREET ADDRESS 825 LUDLAM DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI SPRINGS FL 33166 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

IGNING OFFICER OR DIRECTOR

Daytime Phone #

Date