

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91216 023 ***158.75

DOCUMENT # P93000027813 (3)
1. Entity Name
CONSTRUXTON, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2090 NE 139 ST
Suite, Apt. #, etc.
N. Miami FL 33
City & State
N. Miami FL
Zip
33181
Country
US

3. Mailing Address
P.O. BOX 611442
Suite, Apt. #, etc.
City & State
N. Miami, FL
Zip
33261-1442
Country
US

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0402494
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Robert Johnson**
Street Address (P.O. Box Number is Not Acceptable)
2090 NE 139 ST
City **N. Miami** FL Zip Code **33181**

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

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

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS | | | |
|--|--|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Robert Johnson P.O. Box 611442 N. Miami, Florida 33261-1442 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert Johnson** **4-29-02** **305-919-8674**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #