2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED Feb 28, 2001 8:00 am Secretary of State DOCUMENT # P93000050928 CARUNCHO, MARTINEZ & ALVAREZ ARCHITECTURE, INC. -28-2001 90140 049 ***150 00 Principal Place of Business Mailing Address 2211 NORTHWEST 4TH TERRACE 2211 NORTHWEST 4TH TERRACE MIAMI FL 33125 SUITE 910 MIAMI FL 33125 627802 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0422559 Not Applicable Zip Country Zip 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 CARUNCHO, JOSEPH L PA Street Address (P.O. Box Number is Not Acceptable) 2600 DOUGLAS RD SUITE 501 CORAL GABLES FL 33134 Zip Code FL 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change CR2E034 (10/00) Addition TITLE ☐ Delete TITLE CARUNCHO, JUAN ANDRES NAME NAME STREET ADDRESS **188 SOUTH DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI SPRINGS FL Addition ☐ Delete TITLE TITLE MARTINEZ, FRANK 1028 OBISPO CORAL GABLES, FL MARTINEZ, FRANK NAME NAME STREET ADDRESS 2211 NORTHWEST 4TH TERRACE STREET ADDRESS MIAMI FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ALVAREZ MARTINEZ, ANA ALVAREZ-MARTINEZ, ANA NAME NAME 1028 OBISPO 2211 NORTHWEST 4TH TERRACE STREET ADDRESS STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-ZIP CITY-ST-7IP MIAMI FL TITLE ☐ Defete 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 ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

2-23-01 305-643-3711

Date Daytime Phone #