2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 21, 2000 8:00 am Secretary of State DOCUMENT # P93000071398 1. Entity Name A.I. CONSTRUCTION, INC. 07-21-2000 90004 041 ***550.00 Principal Place of Business Mailing Address 3700 NORTHWEST 124 AENUE 3700 NORTHWEST 124 AVENUE SUITE 140 SUITE 140 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065-2433 US 2. Principal Place of Business 3. Mailing Address 057NE 4357 057 NE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0441359 Not Applicable DAKLALL Country / \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GENTILE, NICHOOLAS T 3811 NO 100 AVE SUITE 201 **CORAL SPRINGS FL 33065** 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. (NOTE: Registered Agent signature required when reinstating Signature, typed or printed FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Addition Delete TITLE TITI F ARNOLD BROWNSTEIN **BROWNSTEIN, ARNOLD** NAME NAME STREET ADDRESS STREET ADDRESS 3700 NW 124 AVE STE 140 CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL** ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Chiange ت TITLE: ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP on the community of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director equits his apport as insported by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental rep of the corporation or the receiver or tr changed, or on an attachment with a

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF