FILED

2003 FOR PROFIT CORPORATION

Jan 27, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P94000035693 DOCUMENT # 1. Entity Name 01-27-2003 90169 029 ***150.00 UPRIGHT MASONRY CORP. Principal Place of Business Mailing Address AAATER 55 WESTON ROAD 55 WESTON ROAD 104 104 WESTON FL 33326 WESTON FL 33326 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 65-0493466 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 = ____ PRIETO, EDWARD Street Address (P.O. Box Number is Not Acceptable) 16590 LAKETREE DR. WESTON FL 33326 City Zip Code 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. 1 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 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME PRIETO, EDWARD NAME STREET ADDRESS 16590 LAKETREE DR STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - - □ Delete TITLE Change □ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE

12. I hereby certify that the information supplied y indicated on this report or supplemental report of the corporation or the receiver or trusteepen iling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director d 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 attach:

NAME

STREET ADDRESS

CITY-ST-7IP

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition