2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P9400053861 IBEX CONSTRUCTION, INC. 04-04-2001 90064 007 ***150.00 Principal Place of Business Mailing Address 10300 SUNSET DRIVE 10300 SUNSET DRIVE STE 411 STE 411 641394 MIAMI FL 33173 MIAMI FL 33173 US 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 65-0506965 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 CANDELA, HILARY J 10300 SUNSET DRIVE SUITE 140 **MIAMI FL 33173** 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) ☐ Change TITLE Delete Castellanos, Carlos M CASTELLANOS, CARLOS M NAME NAME 10300 SUNSET 5 10300 SUNSET DRIVE, SUITE 140 STREET ADDRESS $\mathcal{D}_{\mathcal{C}}$ STREET ADDRESS Miami Fl 33173 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** ☐ Change ☐ Addition TITLE ☐ Delete TITLE CANDELA, HILARY J NAME NAME Ste All 10300 Súnset 10300 SUNSET DRIVE, SUITE 140 STREET ADDRESS STREET ADDRESS miami IFI CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33173 Delete TITLE CASTELLANOS JORGE L NAME NAME CASTELLANDS, JORGE 10300 SUNSET DR. SUITE 411 STREET ADDRESS STREET ADDRESS 10300 SUNSET SUITE 411 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL. 33173 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME 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 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 attachmen with an address, with all other like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Davtime Phone #