Mar 06, 2002 8:00 am 2002 UNIFORM BUSINESS REPORT (UBR) Secretary of State P94000062091 DOCUMENT # 03-06-2002 90007 050 ***150 00 1. Entity Name HOLLUB CONSTRUCTION GROUP, INC. Principal Place of Business Mailing Address 7350 SW 152 TERRACE 7350 SW 152 TERRACE MIAM1 FL 33157 MIAMI FL 33157 US us 2. Principal Place of Business 3. Mailing Address 9771 SO DINIE HAY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0515713 ו נמים נוני Not Applicable ~ 7in-\$8.75 Additional 5. Certificate of Status Desired 33156 U.5 A U.S Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name M & W AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 9100 S. DADELAND BLVD. PENTHOUSE I MIAMI FL 33156 Zip Code B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. SIGNATURE Signature, typed or printed name of registered agent and bite if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Added to Fees 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete (9/01)TITLE Change ☐ Addition HOLLUB, HARRY MAME NAME 9771 SO DILIE HET STREET ADDRESS 7350 SW 152 TERRACE STREET ADDRESS CR2E034 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP VSD., TITLE ☐ Defete Change Addition HCIEVE, HOTTUBE ISSEL, HELEN H NAME NAME STREET ADDRESS **7350 SW 152 TERRACE** STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY_ST_7ID mion, F1 33156 Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 occurate 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 pertustee 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 genoments.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SKONING OFFICER OR DIRECTOR

1/11/02

Daytime Phone

FILED