## 2001 Unif**orm Business** Report (UBR) May 11, 2001 8:00 am Secretary of State DOCUMENT # P95000000137 1. Entity Name IR CONSTRUCTION & HI TECH PAINTING, 05-11-2001 90129 026 \*\*\*150.00 Erincipal Place of Business Maiiing Address 300 Mendricks Isle Ft. Lauderdale, FL 33301 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 65-0545088 Not Applicable Ζp Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Rachtanov, Ilya 300 Hendricks Isle Street Address (P.O. Box Number is Not Acceptable) Ft. Lauderdale, FL Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax fiting 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) XX Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition TITLE ☐ Delete TITLE Rachtanov, Ilya NAME NAME STREE! ADDR STREET ADDRESS 300 Hendricks Isle CITY-ST-ZiP CITY-ST-ZIP Ft. Lauderdale, FL 33301 LILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 011Y-ST-719 Delete Change Addition DI. F 3012 NAME NAME. STREET ADDRESS STREET ADDRESS CITY - \$1 - 712 CITY - ST-ZIP Addition Change 0003 ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS SHY-ST-ZIP OHY-SI-ZIP ☐ Change Addition THE ☐ Delete TITL i NAME NAME STREET ADORESS STREET ADDRESS C:1Y-S1-7IP CiTY+S1+ZIP Change Acdition Delete TITLE

13. Thereby 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 othersike empowered.

NAME

STREET ADDRESS

OLIV-ST-7/P

SIGNATURE:

TITLE

MAME

STREET ADDRESS

CHY S1-ZIP

Nyton Mark Consider OF FICER OR DIRECTOR Rachtanov 04-27-01

Daytime Phone #