2001-uniform business report (ubr) May 27, 2002 8:00 am Secretary of State DOCUMENT # P95000000137 1. Entity Name 05-27-2002 90417 003 ***150.00 IR CONSTRUCTION & HI TECH PAINTING, INC erincipal Place of Business Mailing Address 300 Mendricks Isle Ft. Lauderdale, FL 670099 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 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 33301 City Zip Code 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 approache. (NOTE: Registered Agent signature required when redistating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so \$5.00 May Be 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition Rachtanov, Ilya NAME NAME STREET ADDR 300 Hendricks Isle STREET ADDRESS CITY-ST-ZIP Ft. Lauderdale, FL 33301 CITY-ST-ZIP Litte Delete TITLE ☐ Change Addition NAME STREET ACCRESS STREE! ADDRESS CITY-ST-ZP CHY-ST-ZIP 3314 Celeie TITLE ☐ Change ☐ Addition MAME. NAME SEREET ACORESS STREET ADDRESS CITY-SI-ZIP City-St-ZiP Pille Delete TITLE Change [] Addition MAINT NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZP CBY-S1-799 Title Delete $ter_{i}\epsilon$ □ Change Additio NAME NAME STREET ADDRESS STREET ADDRESS C/1Y-SY-7/9 CHY-ST-ZIP Title Delete TITLE Change ☐ Acditio MAME NAME STREET ADDRESS STREET ADDRESS CHY S1-7P DEV-ST-7:P 13. Thereby certify that the information supplied with this filling 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 in changed, or on an attachment with an address, with all other like impowered.

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