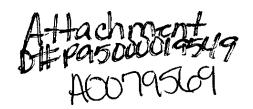
2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P95000019549** Sep 19, 2000 8:00 am 1. Entity Name Secretary of State JORGE O CALEVOSO CONTRACTORS, INC. 09-19-2000 90001 031 ***150.00 Principal Place of Business Mailing Address 4098 NW 88 AVE 4098 NW 88 AVE SUNRISE FL 33351 SUNRISE FL 33351 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 65-0688220 Not Applicable \$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 CALEVOSO, JORGE O Street Address (P.O. Box Number is Not Acceptable) 6855 ABBOT AVE. #404 MIAMI BEACH FL 33141 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 applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State-OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11: 12. INS COOL Change : TITLE ☐ Delete TITI F Caleudo 4034NA NAME CALEVOSO, JORGE O NAME STREET ADDRESS STREET ADDRESS 6855 ABBOT AVE. #404 CITY-ST-ZIP CITY-ST-ZIP MIAM! BEACH FL 33141 Delete TITE F TITLE PAGANO, ROSANA NAME NAME STREET ADDRESS STREET ADDRESS 4098 NW 88 AVE., #104 CITY-ST-7IP CITY-ST-ZIP SUNRISE FL 33151 ☐ Addition □ Change TITLE TITLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-ST-ZIP ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

9/11/00

Ref: 2000 Uniform Business Report (UBR) Document # P5000019549



To Whom It May Concern:

I do not feel I should have to pay this late charge as I have moved from previous address to my new address. I have just received this notice recently. Therefore, I hope you will consider eliminating this late charge.

Sincerely yours, Lacker of

Rosana M. Calevoso

Director

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