## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## May 04, 2000 8:00 am Secretary of State DOCUMENT # **P95000067917** A-1 INTERNATIONAL CONSTRUCTION, INC. 05-04-2000 90156 036 \*\*\*150.00 Principal Place of Business Mailing Address 3661 N.W. 126TH AVENUE 1440 DE JAFFA LAVAL. QUEBEC H7P 4K9 CORAL SPRINGS FL 33065 3. Mailing Address 2. Principal Place of Business 150 ch. de la Petite Cote Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0759202 Laval, Québec Not Applicable Country Canada \$8.75 Additional Zip Country H7L 1K5 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Jacques Roberge .... CHARCHAT, STEVEN M Street Address (P.O. Box Number is Not Acceptable) 848 BRICKELL AVE., STE. 400 **MIAMI FL 33131** 4145 Cypress Reach app. 404 City Pompano Beach 33069 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. [X] Change Addition ☐ Delete TITLE TITLE **GUAY, GAETAN** NAME NAME Guay, Gaetan STREET ADDRESS 615 RUE POMEROL STREET ADDRESS 401, Montée Lesage, Rosemere, Qc J7A 4S2 CITY-ST-ZIP ROSMERE, QUEBEC, CANADA J7A -4N1 CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP --CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition □ Delete TITLE TITLE 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

FILED

(**450) ph.621-49**68