FILED

2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Apr 10, 2002 8:00 am Secretary of State P96000044701 DOCUMENT # 1. Entity Name 04-10-2002 90467 028 ***158 BUADE CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 12177 SW 131 AVE 12177 SW 131 AVE MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address P.O. Box 9701 SW 1361A-Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0672454 M_{a} Not Applicable Zip 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 BUADE, BEATRIZ M Street Address (P.O. Box Number is Not Acceptable) 12177 SW 131 AVENUE 500 136 Avenue **MIAMI FL 33186** nits this statement for the purp se of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity su Signature, typed of (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) Addition TITLE TITLE BUADE, BEATRIZ M rabe, Towartisz NAME NAME 12177 SW 131 AVE STREET ADDRESS STREET ADDRESS 19701 SW 136Acr CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP Mham! FL ۷P TITLE TITLE Change ☐ Addition boade, Juan E. BUADE, JUAN C NAME NAME 12177 SW 131 AVE STREET ADDRESS STREET ADDRESS 197015W 136 Ave CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP 33 IT TITLE Addition BUADE, BEATRIZ Bucker Bout 112 19701 500 136 A. NAME NAME 12177 SW 131 AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY-ST-7IP CITY-ST-7IP FC33127 Change TITLE TITLE ☐ Addition BUADE, JUAN C : NAME NAME 19701861364-2 12177 SW 131 AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL 33186 CITY-ST-ZIP MAGMS FL3312 TITLE TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if