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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 06, 2001 8:00 am DOCUMENT # P96000047568 **Secretary of State** A 2 J CONSTRUCTION CORPORATION 03-06-2001 90348 026 ***150.00 Principal Place of Business Mailing Address 20809 S.W. 234TH ST. 20809 SW 234 ST HOMESTEAD FL 33031 HOMESTEAD FL 33031 2. Principal Place of Business 3. Mailing Address 12365 5.W. 151 Street 12365 S.W. 1515F Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE C 113 City & State City & State 4. FEI Number Applied For 65-0687576 Miami Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33186 United States Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Hernandez HERNANDEZ, 'ALVIS'C" Street Address (P.O. Box Number is Not Acceptable 12365 5 0 15/8 20809 S.W. 234TH ST. HOMESTEAD FL 33031 Apt. C. 113 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing 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) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete Hernandez, Alvis C. HERNANDEZ, ALVIS C NAME NAME 12365 S.W. 1518t. Apt. 0113 STREET ADDRESS STREET ADDRESS 20809 S.W. 234TH ST. Miami, FL 33/86 CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33031 TITLE ☐ Delete TITLE Her nandez Judyth HERNANDEZ, JUDYTH NAME NAME 12365 300.15/5/ Apt 0113 STREET ADDRESS STREET ADDRESS 20809 S.W. 234TH ST. Miani, FC 33186. CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33031 ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing dose 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 truebe 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 other like empowered.