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## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachr

SIGNATURE:

## Mar 28, 2001 8:00 am DOCUMENT # P96000059794 **Secretary of State** ORLANDO'S CONSTRUCTION SERVICES, INC. 03-28-2001 90204 013 \*\*\*150.00 Principal Place of Business Mailing Address 8733 SHADOW WOOD BLVD. 8733 SHADOW WOOD BLVD. CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0684976 Not Applicable Country 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 ARGUETA, JOSE R Street Address (P.O. Box Number is Not Acceptable) 5401 S.W. 12TH STREET, C216 N LAUDERDALE FL 33068 Zip Code City 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 Addition TITLE ☐ Delete TITLE ☐ Change ARGUETA, ORLANDO NAME NAME 8733 SHADOW WOOD BLVD., #308 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP **CORAL SPRINGS FL** TITLE ☐ Delete TITLE Change ■ Addition ARGUETA, JOSE E NAME STREET ADDRESS 5401 S.W. 12TH STREET, 216 STREET ADDRES CITY-ST-ZIP NORTH LAUDERDALE FL 33068 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition 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 trusted expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

like empowered.