2001 UNIFORM BUSINESS REPORT (UBR)

Jul 19, 2001 8:00 am Secretary of State P96000069010 DOCUMENT # 1. Entity Name 06-14-2001 90007 020 ***150 00 WYNCO CONSTRUCTION, INC. 07-19-2001 90235 037 ***400.00 Principal Place of Business Mailing Address ישטא 13110 SW 20TH ST 13110 SW 20TH ST MIRAMAR FL 33027 MIRAMAR FL 33027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0689965 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WYNTER, BEVERLEY Street Address (P.O. Box Number is Not Acceptable) 13110 SW 20TH ST MIRAMAR FL 33027 City 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. 7 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 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 After September 12, 2001 Fee will be \$750.00 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 11. OFFICERS AND DIRECTORS ☐ Delete TITLE TITLE Change ☐ Addition WYNTER, BEVERLY NAME NAME 13110 SW 20TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZiP MIRAMAR FL CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE WYNTER, LOSHINGTON NAME NAME STREET ADDRESS STREET ADDRESS 13110 SW 20TH ST CITY-ST-ZIP MIRAMAR FL CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

CR2E034 (5/01)