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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 06, 2001 8:00 am Secretary of State DOCUMENT # P96000089998 ~~ D.T.C. STAIRS INC. 04-06-2001 90009 023 ***150.00 Principal Place of Business Mailing Address 6401 N.W. 74TH AVE. 6401 N.W.-74TH AVE. MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0831280 Not Applicable Zip \$8.75 Additional Country Zip Country 5.-Certificate of Status Desired --- -- ---6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JURADO, ESTHER Street Address (P.O. Box Number is Not Acceptable) 6401 N.W. 74TH AVE. MIAMI FL 33166 Zip Code 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) DATE 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. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITI E Delete TITLE ☐ Change JURADO, SALVADOR A NAME NAME STREET ADDRESS 6401 N.W. 74TH AVE. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33166** CITY-ST-ZIP STD Delete TITLE TITLE Addition ☐ Change NAME JURADO, JOSE A NAME STREET ADDRESS 6401 N.W. 74TH AVE. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33166** CITY-ST-ZIP Delete ☐ Addition TITLE WHITAKER, JOHN W NAME NAME 6401 N.W. 74TH AVE. STREET ADDRESS STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITI F Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -ST-ZIP 13. I hereby certify that the information supplied with this fing does not squalify 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 of this tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

4/4/01