2002 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2002 8:00 am Secretary of State P96000089998 DOCUMENT # 1. Entity Name 04-23-2002 90369 045 ***150 00 D.T.C. STAIRS INC. Principal Place of Business Mailing Address 6401 N.W. 74TH AVE, 15 6401 N.W. 74TH AVE. MIAM) 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 Applied For City & State 4. FEI Number 65-0831280 Not Applicable Zip Country Zip 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 JURADO, ESTHER Street Address (P.O. Box Number is Not Acceptable) 6401 N.W. 74TH AVE. **MIAMI FL 33166** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change Addition TITLE JURADO, SALVADOR A NAME NAME 6401 N.W. 74TH AVE. STREET ADDRESS STREET ADDRESS **MIAMI FL 33166** CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE JURADO, JOSE A NAME NAME STREET ADDRESS 6401 N.W. 74TH AVE. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33166** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE whitaker, John W NAME STREET ADDRESS 6401 N.W. 74TH AVE. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33166** CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME

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 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

4/10/02

FILED

CR2E034 (9/01)