FILED

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 13, 2001 8:00 am DOCUMENT # P96000099655 **Secretary of State** 1. Entity Name ALPINE CONSTRUCTION MANAGEMENT CORP. 02-13-2001 90616 003 ***158.75 Principal Place of Business Mailing Address 6262 SW 40ST 14214 SW 53RD ST UU020998 MIAMI FL 33155 **MIAMI FL 33175** 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 65-0718054 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE ARMAS, J A Street Address (P.O. Box Number is Not Acceptable) 255 UNIVERSITY DRIVE CORAL GABLES FL 33134 City 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. (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 __ After MAY 1, 2001 Fee Will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) ☐ Addition ☐ Delete ☐ Change TITLE TITLE BROWN, HUGH P NAME NAME STREET ADDRESS 14214 SW 53RD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** ☐ Delete ☐ Change ☐ Addition TITLE TITLE SUAREZ, AURORA NAME NAME 14214 SW 53RD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** TITLE ☐ Defete ☐ Change ☐ Addition TORRES, ARLENE STREET ADDRESS 14214 SW 53RD ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition QUERO, MATILDE NAME NAME STREET ADDRESS 14214 SW 53RD ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition QUERO, ALFRED NAME NAME 14214 SW 53RD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 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 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 of 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.

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR