2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9700053108 Feb 02, 2000 8:00 am **Secretary of State** C & E MASONRY, INC. 02-02-2000 90027 014 ***150.00 Principal Place of Business Mailing Address 6905 W 7 AVE STE 104 6905 W 7 AVE STE 104 HIALEAH FL 33014 HIALEAH FL 33014-4894 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 65-0760999 Not Applicable 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 ARAGON, ERASMO C Street Address (P.O. Box Number is Not Acceptable) 6905 W 7 AVE STE 104 HIALEAH FL 33014 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, 2000 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 OFFICERS AND DIRECTORS 11. 12. Change Addition TITLE ☐ Delete TITLE NAME ARAGON, ERASMO C NAME STREET ADDRESS STREET ADDRESS 6905 W 7 AVE STE 104 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014 Change ☐ Addition □ Delete TITLE TITLE NAME TERCERO, CARLOS NAME STREET ADDRESS STREET ADDRESS 17411 N.W. 82ND COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33015 TITLE Delete TITLE 1 Change ☐ Addition NAME ARAGON, IVAN NAME STREET ADDRESS STREET ADDRESS 17411 N.W. 82ND COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33015 X Addition ☐ Delete TITLE ☐ Change NAME tercero, cesor STREET ADDRESS STREET ADDRESS 17411 N.W BZND CT. CITY-ST-ZIP MIAMILLAKES, FL ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00 (305)827-4278

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