2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATUS

ddress, with all other like empowered

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 28, 2001 8:00 am Secretary of State DOCUMENT # **P97000068891** 1. Entity Name MUNILLA CONSTRUCTION MANAGEMENT CORP. 02-28-2001 90058 050 ***150.00 Principal Place of Business Mailing Address 6201 S.W. 70 STREET, 2ND FLOOR 6201 S.W. 70 STREET. 2ND FLOOR MIAMI FL 33143 MIAMI FL 33143 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 65-0828428 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MUNILLA, PEDRO Street Address (P.O. Box Number is Not Acceptable) 6201 S.W. 70 STREET, 2ND FLOOR MIAMI FL 33143 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE Delete TITLE ☐ Change Addition MUNILLA, FERNANDO NAME NAME STREET ADDRESS STREET ADDRESS **5846 S.W.81ST STREET** CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 eport 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 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

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