2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90263 046 ***150.00

DOCUMENT # P97000071999

1. Entity Name
LEWIS BARNES CONSTRUCTION CORPORATION

Principal Place of Business
8925 S.W. 148 Street
Suite 218
Miami, Fl. 33176

Mailing Address
SAME

2. Principal Place of Business
8925 S.W. 148 Street
Suite, Apt. #, etc.
Suite 218
City & State
Miami, Florida
Zip 33176
Country

3. Mailing Address
8925 S.W. 148 Street
Suite, Apt. #, etc.
Suite 218
City & State
Miami, Florida
Zip 33176
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0775550
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
S.K.R.L.D., INC.
201 Alhambra Circle
Suite 1102
Coral Gables, Florida 33134

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE PD ☐ Delete Lewis, Thomas E. 8925 S.W. 148 St., Ste 218 ST-ZIP Miami, Fl. 33176	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE VPAS ☐ Delete Barnes, Joel D. 8925 S.W. 148 St., Ste 218 ST-ZIP Miami, Fl. 33176	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ST ☒ Delete Klisiewecz, Frances 8925 S.W. 148 St., Ste 218 ST ZIP Mimai, Fl. 33176	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete ST ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete ST ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete ADDRESS ST ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: April 27, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Thomas E. Lewis

CR2E037 (9/99)