2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 18, 2000 8:00 am Secretary of State DOCUMENT # P97000105994 1. Entity Name M.R.V. CONSTRUCTION CORP. 09-18-2000 90014 014 ***550.00 Principal Place of Business Mailing Address 2295 WEST 53RD PLACE 2295 WEST 53RD PLACE #101 HIALEAH FL 33016 HIALEAH FL 33016 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 65-0818372 Not Applicable Zip Country 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 VILLAGRA, MARVIN Street Address (P.O. Box Number is Not Acceptable) 2295 WEST 53RD PLACE #101 HIALEAH FL 33016 Zip Code FL 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 \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Defete Addition CR2E034 (5/00) ☐ Change VILLASGRA. MARVIN NAME NAME 2295 WEST 53RD PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-ZIF TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE C!TY-ST-ZIP TITLE ☐ Delete -TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 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 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 expowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CIGNIATURE.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING DEFICER OR DIRECT

Delete

9-1,2-00

Dayime Phone #

Change

Addition