CR2E034 (10/00)

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment w

address, with all other like empowered

Apr 09, 2001 8:00 am Secretary of State DOCUMENT # P9800001642 BUILDING COMPONENTS GROUP, INC. 04-09-2001 90024 001 ***150.00 Principal Place of Business Mailing Address ATTN: SALVADOR A JURADO ATTN: SALVADOR A JURADO 6401 NW 74TH AVENUE 6401 NW 74TH AVENUE MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 65-0807419 4. FEI Number Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ESTHER C. TURADO VALDES-FAULI CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2 S. BISCAYNE BLVD SUITE 3400 4401 N.W. 74 AVE ONE BISCAYNE TOWER **MIAMI FL 33131** City Zip Code miAmi 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 ESTHER C TURADO Signature, lyped or printed name of registered agent and title if applicable. 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, 2001 Fee will be \$550.00 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 Delete TITLE Addition TITLE JURADO, SALVADOR A NAME NAME 6401 NW 74TH AVENUE STREET ADDRESS STREET ADDRESS **MIAMI FL 33166** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition JURADO, JOSE A JR NAME NAME 19301 E OAKMONT DR STREET ADDRESS STREET ADDRESS **MIAMI FL 33015** CITY-ST-ZIP CITY-ST-ZIP - ___ Change _ [Addition. -TITLE -Delete -TITLE: ._ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS TREET 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