2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 02, 2001 8:00 am DOCUMENT # P98000004808 Secretary of State F. VICINO DRYWALL II. INC. 05-02-2001 90091 040 ***150.00 Principal Place of Business Malling Address 200 S.W. 172TH AVENUE 200 S.W. 172TH AVENUE PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029 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 65-08 10049 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VICINO FRANK JR. Street Address (P.O. Box Number is Not Acceptable) VICINO, FRANK SR 14 MINNETONKA ROAD 14 MINNETONKA ROAD FORT LAUDERDALE FL 33308 Zip Code City 33308 SEA 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 (NOTE: Registered Agent signature required when reinstating) DATE red spent 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fee Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-OFFICERS AND DIRECTORS 12. 11.-☐ Addition Change TITLE TITLE ☐ Delete NAME NAME VICINO, FRANK SR STREET ADDRESS STREET ADDRESS 3100 N. OCEAN BLVD., APT. 1507 CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33308 ☐ Change ☐ Addition ☐ Oelete TILE TITLE VICINO, FRANK JR NAME NAME STREET ADDRESS STREET ADDRESS 14 MINNETONKA RD CITY-ST-ZIP_ CITY-ST-ZIP SEA-RANCH-LAKE-FL-33308 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Change ☐ Defeta TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Change ☐ Addition Oeleta TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 filling 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 eath; that I am an officer or director of the corporation or the receiver or divides 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 application or the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporati President 4/10/2001 954.450-6020 Frank Vicino In SIGNATURE:

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