2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 14, 2001 8:00 am Secretary of State DOCUMENT # P98000032187 BIANCO CONSTRUCTION, INC. 05-14-2001 90202 017 ***150.00 Mailing Address Principal Place of Business 3960 SW 61 AVE 3960 SW 61 AVE FORT LAUDERDALE FL 33314 FORT LAUDERDALE FL 33314 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 65-0825383 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GREENE, RICHARD P Street Address (P.O. Box Number is Not Acceptable) 2455 EAST SUNRISE BLVD. STE. 905 FORT LAUDERDALE FL 33304 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Fees 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 ☐ Delete TITLE BIANCO, LOUIS D NAME NAME STREET ADDRESS STREET ADDRESS 7510 MIAMI VIEW DR CITY-ST-ZIP CITY-ST-ZIP N. BAY VILLAGE FL 33141 M Change ☐ Addition TITLE ☐ Delete TITLE BIZNO, LOUIS D NAME Bianco Louis D. NAME 3960 SW 61 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FORT LAUDERDALE FL 33314 Addition Change ☐ Delete TITLE TITLE CAROLEE BIANCO NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change Delete 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 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 empowered.