2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000036557 Mar 30, 2000 8:00 am 1. Entity Name Secretary of State STAMP CONCRETE SERVICES, INC. 03-30-2000 90038 016 ***150.00 Principal Place of Business Mailing Address 13874 SW 25 TERRACE 13874 SW 25 TERRACE MIAM! FL 33175-6386 MIAMI FL 33175 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEL Number City & State 65-0830824 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALLAN J. GUTIERREZ **GUTIERREZ, FABRICIO J** Street Address (P.O. Box Number is Not Acceptable) 13874 SW 25 TERRACE MIAMI FL 33175 13874 SW 25th Terrace City 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 (NOTE, Registered Agent signature required who 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, 2000 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition X Defete TITLE Change TITLE **GUTIERREZ. FABRICIO** GUTIERREZ, ALLAN J. NAME NAME 13874 SW 25th Terrace 13874 SW 25 TERRACE STREET ADDRESS STREET ADDRESS Miami, Fl 33175 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33175 Change ☐ Addition TITLE De ete TITLE GUTIERREZ, ALLAN NAME 13874 SW 25 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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 807, 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP