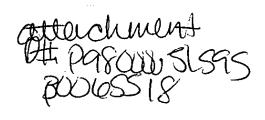
2001 UNIFORM BUSINESS REPORT (UBR)

Sep 17, 2001 8:00 am Secretary of State **DOCUMENT#** Best Backhoe Services, Inc 09-17-2001 90147 033 ***150.00 Principal Place of Business Mailing Address 2. Principal Place of Business 3. Mailing Address P.O. Box_ 5430 NW 168 Terr Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Opa-Locka FL Hollywood Not Applicable Zip 33055 Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Shawn R. Zero Street Address (P.O. Box Number is Not Acceptable) 5430 NW 168 Terr Opa-Locka, FL 33055 City Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOWIN PEE 19 \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2001: Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees take Crieck Payable to Department of States (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MLE President Addition ☐ Defete TITLE Shawn R Zero NAME NAME 5430 NW 168 TEST STREET ADDRESS STREET ADDRESS Opa-Locka, FL 33055 CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Secretary Change Addition Danielle Zero NAME NAME STREET ADDRESS STREET ADDRESS 5430 NW 168 Terr CITY-ST-ZIP COY-ST-78 Opa-Locka, FL ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP TITLE Delete TITLE ☐ Change ☐ Addition 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. Shawa Tero SIGNATURE: _

FILED



September 11, 2001

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Best Backhoe Services, Inc.

To Whom it May Concern:

Please accept the enclosed \$150. of payment in full for my corporation refilling fee. My address has changed and I never received any paperwork as the post office did not forward it to me. Thank you for you attention in this matter.

Sincerely,

Shawn Zero

Shave Zero

President