2001 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2001 8:00 am Secretary of State DOCUMENT # P98000063824 1. Entity Name ALL FLORIDA ENGINEERING CONTRACTORS, INC. 03-05-2001 90351 019 ***158.75 Principal Place of Business Mailing Address 10902 SW 188 ST. PO BOX 450549 SUNRISE FL 33345 MIAMI FL 33157 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0849767 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPELIOS, LOUIS 7330 S.W. 170TH TERRACE MIAMI FL 33157 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) ed or printed name of registered agent and title 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 \Box ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE PD ☐ Delete TITLE NAME NAME SPELIOS, LOUIS G STREET ADDRESS STREET ADDRESS 7330 SW 170 TERR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157 TITLE Change ☐ Addition Delete TITLE SD NAME NAME RUSSELL, PAUL STREET ADDRESS STREET ADDRESS 7330 SW 170 TERR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157-Directoe ☐ Addition Delete TITLE TITLE NAME NAME EVANS, RONALD SW 188 ST STREET ADDRESS STREET ADDRESS 7330 SW 170 TERR CITY-ST-ZIP AMI, FT 33157 CITY-ST-ZIP MIAMI_FL_33157 Addition Change TRETISUETE ☐ Delete TITLE TITLE FREDERICK B GOHER NAME NAME 3301 NW 97 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP € ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

| Steature Amprified or Printed NAME OF SIGNING OFFICER OR DIRECTOR | Date | Date | Dayline Phone #