2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000082957 Sep 18, 2000 8:00 am Secretary of State 1. Entity Name ALL GO CONSTRUCTION OF SOUTH FLORIDA, INC. 09-18-2000 90021 022 ***550.00 Principal Place of Business Mailing Address 3830 S.W. 137TH COURT 3830 S.W. 137TH COURT MIAMI FL 33173 MIAMI FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0870306 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARCIA, JOSE I Street Address (P.O. Box Number is Not Acceptable) 3830 S.W. 137TH COURT **MIAMI FL 33173** 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 NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PSTD** TITI F ☐ Defete TITLE Change Addition GARCIA, JOSE I NAME NAME STREET ADDRESS 3830 S.W. 137TH COURT STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change CHANG, FRANCISCO NAME NAME 3830 S.W. 137TH COURT STREET ADDRESS STREET ADDRESS MIAMI FL 33173 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change 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-ZIP

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:

HATURE REQUIRED

9/1/00

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