2000 UNIFORM BUSINESS REPORT (UBR) 4/2! FILED Jun 01, 2000 8:00 am Secretary of State DOCUMENT # P98000089976 1. Entity Name ROE CONSTRUCTION INTERNATIONAL, INC. 04-25-2000 90092 011 ***150.00 Principal Place of Business Mailing Address 7000 S.E. FEDERAL HIGHWAY 7000 S.E. FEDERAL HIGHWAY SUITE 310 SUITE 310 STUART FL 34997 STUART FL 34997-8682 2. Principal Place of Business 3. Mailing Address 8535 CHIMPEY HILL 853*S* CHIMNEY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0875789 TEXAS Not Applicable TEXAS SAN ANTONIO SAN ANJOHIO Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired 78250 78220 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent F SALYERS MICHAEL CURBELLO, CHRIS L Street Address (P.O. Box Number is Not Acceptable) ==7000 S.E. FEDERAL HIGHWAY **SUITE 310** 9214 BWA EAST HIGHLAND PINES STUART FL 34997 BEACH 8. The above named eptity submits this magment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. CHAIS SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eliqible 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change : ☐ Delete TITLE CURBELLO, CHRIS L NAME NAME 9535 CHIMNEY HILL 7000 S.E. FEDERAL HIGHWAY, SUITE 310 STREET ADORESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP STUART FL 34997 78250 SAN ANTONIO Change ☐ Addition ☐ Delete TITLE TITLE NGUYEN, TRAN V NAME NAME 7000 S.E. FEDERAL HIGHWAY, SUITE 310 STREET ADDRESS CHIMNEY MILL STREET ADDRESS STUART FL 34997 CITY-ST-ZIP CITY-ST-7/P ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP _ Change _ Addition. nne D Deleté TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TATLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 earlies, with all other like impowered.

TITLE

HAME

STREET ADDRESS CITY+ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

NAME OF SECULOR OF PRINTED NAME OF SECUNDA OFFICER OF DIRECTOR

☐ Delete

4/9/60

561-710-0944

☐ Change

Addition