## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Mar 14, 2001 8:00 am DOCUMENT # P98000105172 **Secretary of State** 1. Entity Name JURADO CONSTRUCTION & DINIPEX, INC. 03-14-2001 90500 026 \*\*\*158.75 Principal Place of Business Mailing Address 3900 N.W. 79 AVENUE 3900 N.W. 79 AVENUE SUITE 644 SUITE 644 CVCLUUJMIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address 1045 KANE CONCOURSE 9651. 1045 KANECONCOVESE 965+ Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 216 4. FEI Number Applied For HARBOR - FL 65-0894067 Not Applicable \$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 URAN LUZ DORAN, LOZ E 3900 NW 79 AVENUE STE 664 MIAMI-FL-33166~ s entify submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 Added to Fees Trust Fund Contribution, (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Delete TITLE DURAN LUZ ELENA 1045 KANE CONCOURSE 9684 Suit IR DORAN, LUZ ELENA NAME STREET ADDRESS 3900 N.W. 79 AVE, SUITE 644 STREET ADDRESS BAY HARBOR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 TITLE ☐ Delete JURADO GUSTAVO NAME JURADO, GUSTAVO NAME 3900 1045 KANE CONCOVESE 9657. SA STREET ADDRESS STREET ADDRESS 3900 N.W. 79 AVENUE, SUITE 664 IY HARBOR FL 33154 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 TITLE TITLE ☐ Delete JOSE VIANA 1045 KANE CONCOURSE 96 ST Suite BAY HARBOR FL 33159 NAME NAME JOSE, VIANA STREET ADDRESS STREET ADDRESS 3900 N.W. 79 AVENUE, SUITE 664 CITY-ST-7IP CITY-ST-7IP **MIAMI FL 33166** TITLE. - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME 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 response 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 pytrustee 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR