2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000106405 ... I. Entity Name FE CONSTRUCTION, INC. Principal Place of Business 18740 SW 357TH STREET HOMESTEAD FL HOMESTEAD FL HOMESTEAD FL HOMESTEAD FL FILED Feb 13, 2001 8:00 am Secretary of State 02-13-2001 90041 047 ***158.75

Principal Plac	ce of Business	Mailing Address		7			
18740 SW 357TH STREET HOMESTEAD FL		18740 SW 357TH STREET HOMESTEAD FL					
						VII a t iiti bia ii t i	
2. Principal Place of Business 18740 SW3S7 St 18740 SW3S7 St			754.				
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE	
Florice	Pity Florida	Foria City, Fl.		4. 6	65-0891457	⊢	oplied For ot Applicable
33034	U.S.A.	33034 (L. S. A.		Certificate of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current I	Registered Agent	Name	7. N	Name and Address of New Registered	Agent	
MENDOZA, FIDEL							
18740 SW 357TH STREET HOMESTEAD FL				Street Address (P.O. Box Number is Not Acceptable)			
HON	1						
	:		City		FL	Zip Cod	e
8. The above	e named entity submitte this scatement for	the purpose of changing its re	gistered office or regis	tered ag	ent, or both, in the State of Florida.		
•		1_			ri		(001
SIGNATURE	Signature, typed or printed name of registered agent a	titte (Lepplicable. (NOTE: F	Registered Agent signature requ	ired when re	pinstating) DATE	<i>aruary</i>	6,2001
O This corn	protion is alleible to esticit its leteralists	<u> </u>	FEE IS \$150.00				
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of S			Election Campaign Financing Trust Fund Contribution.		May Be to Fees
11.	OFFICERS AND (DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 11
TITLE	PSTD	☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS	MENDOZA, FIDEL 18740 SW 357TH STREET		NAME STREET ADDRESS				}
CITY-ST-ZIP	HOMESTEAD FL		CITY-ST-ZIP				
TITLE	VP	☐ Delete	TITLE			☐ Change	Addition
NAME	MENDOZA, ROBERTO		NAME		•		ļ
STREET ADDRESS CITY-ST-ZIP	18740 SW 357TH STREET		STREET ADDRESS CITY-ST-ZIP				
TITLE	HOMESTEAD FL	□ Delete	TITLE			☐ Change	Addition
NAME	;	Delete	NAME			onlings	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	,	·	CITY-ST-ZIP		The same and the s		<u>-</u>
TITLE ** *********************************		☐ Delete	TITLE NAME			Change	☐ Addition
STREET ADDRESS	:		STREET ADDRESS				
CITY - ST - ZIP	<u></u>		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				Ì
TITLE		☐ Delete	TITLE		······································	☐ Change	Addition
NAME			NAME			•	{
STREET ADDRESS			STREET ADDRESS				1

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 troster empsymered to execute his 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.

CITY - ST - ZIP

SIGNATURE: Signature and typed on Printed name of such ing officer on diri

February 6, 2001
Date Phone #

R2F034 (10/00