

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90036 025 \*\*\*158.75

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P99000015621

1. Entity Name

FRH CONSTRUCTION SERVICES, INC.

| Principal Place of Business                         | Mailing Address                              |
|---|--|
| 6625 MIAMI LAKES DR.<br>STE. 200<br>MIAMI FL. 33014 | 3250 WILSHIRE BLVD.<br>LOS ANGELES, CA 90010 |

769884

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0902744

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL. 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME            | STREET ADDRESS            | CITY - ST - ZIP         | <input type="checkbox"/> Delete |
|-------|-----------------|---------------------------|-------------------------|---------------------------------|
|       | TERPIN, KENNETH | 260 S. BROAD ST. STE 1500 | PHILADELPHIA, PA. 19102 | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |

| TITLE | NAME           | STREET ADDRESS   | CITY - ST - ZIP     | <input type="checkbox"/> Delete |
|-------|----------------|------------------|---------------------|---------------------------------|
|       | DIONISIO, JOHN | 605 THIRD AVENUE | NEW YORK, NY. 10158 | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |

| TITLE | NAME             | STREET ADDRESS   | CITY - ST - ZIP     | <input type="checkbox"/> Delete |
|-------|------------------|------------------|---------------------|---------------------------------|
|       | GREENSPAN, ELISE | 605 THIRD AVENUE | NEW YORK, NY. 10158 | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |

| TITLE | NAME                                  | STREET ADDRESS      | CITY - ST - ZIP        | <input type="checkbox"/> Delete |
|-------|---------------------------------------|---------------------|------------------------|---------------------------------|
|       | ASSISTANT SECRETARY<br>WESLEY SHIMODA | 3250 WILSHIRE BLVD. | LOS ANGELES, CA. 90010 | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-----------------|---------------------------------|
|       |      |                |                 | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-----------------|---------------------------------|
|       |      |                |                 | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |

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:

*Wesley Shimoda*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WESLEY SHIMODA

Date

4/17/01 (213) 381-3612

Daytime Phone #