

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90159 025 ***158.75

DOCUMENT # P99000015621

1. Entity Name
FRH CONSTRUCTION SERVICES, INC.



Principal Place of Business
**6625 MIAMI LAKES DR. E., STE. 200
MIAMI, FL 33014**

Old Address

Mailing Address
**515 SOUTH FLOWER ST.
4TH FLOOR
LOS ANGELES, CA 90071**

2. Principal Place of Business
515 South Flower St.

3. Mailing Address
800 Douglas Rd.

Suite, Apt. #, etc.
4th Floor

Suite, Apt. #, etc.
Suite 770

☐ CHECK HERE IF MAKING CHANGES

City & State
Los Angeles, CA

City & State
Coral Gables, FL

4. FEI Number
65-0902744

Applied For
Not Applicable

Zip
900071

Country

Zip
33134

Country
Miami-Dade

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete

NAME **TERPIN, KENNETH**
STREET ADDRESS **260 S. BROAD ST., STE. 1500**
CITY-STATE-ZIP **PHILADELPHIA, PA 19102**

TITLE **D** ☐ Delete

NAME **DIONISIO, JOHN**
STREET ADDRESS **300 E. 42ND ST.**
CITY-STATE-ZIP **NEW YORK, NY 10017**

TITLE **D** ☐ Delete

NAME **GREENSPAN, ELISE**
STREET ADDRESS **300 E. 42ND ST.**
CITY-STATE-ZIP **NEW YORK, NY 10017**

TITLE **AS** ☐ Delete

NAME **SHIMODA, WESLEY**
STREET ADDRESS **3250 WILSHIRE BLVD**
CITY-STATE-ZIP **LOS ANGELES, CA 90010**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **VP** ☐ Change ☒ Addition

NAME **G.M. Norona**
STREET ADDRESS **800 Douglas Rd., Suite 770**
CITY-STATE-ZIP **Coral Gables, FL 33134**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **G.M. Norona**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-03- 305-444-8241

Date

County Name

CR20034 (10/02)