FILED

2002 Uniform Business Report (UBR)

Apr 10, 2002 8:00 am Secretary of State P99000031979 DOCUMENT # 1. Entity Name DENYS CONSTRUCTION SERVICES, INC. 04-10-2002 90032 006 ***150.00 Mailing Address Principal Place of Business 3004 NW -72ND-AVE" 3004 NW 72ND AVE--MIAMI FL 33122 MIAMI FL 33122 3. Mailing Address 2. Principal Place of Business NW 345T 7331 24 ST 231 I Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0933286 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HACHAR, PIERRE Street Address (P.O. Box Number is Not Acceptable) 3004 NW 72ND AVE-NW **MIAMI FL 33122** 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible -10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) TITLE ☐ Delete TITLE JABBOUR, KAYSAR NAME NAME 7331 NW 345T STREET ADDRESS STREET ADDRESS 3014 NW-72-AVE-CITY-ST-ZIP **MIAMI FL 33122** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE DΥ NAME NAME Martinez. Luis e NW 34 ST 7331 STREET ADDRESS STREET ADDRESS 3014 NW 72 AVE -CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33122 Change ☐ Addition ☐ Delete TITLE TITLE NW 3457 NAME NAME HACHAR, PIERRE 7331 STREET ADDRESS STREET ADDRESS 3014-NW-72-AVE CITY-ST-ZIP CITY-ST-7/P MIAMI FL 33122 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE = Delete= TITLE-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filing does not qualry 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 employered 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 employered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR