

2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 29, 2000 8:00 am Secretary of State

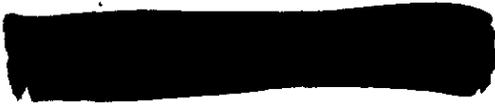
05-24-2000 90160 027 \*\*\*150.00

DOCUMENT # P99000058597

1. Entity Name J. MALEVER CONSTRUCTION COMPANY

Principal Place of Business 2014 AMHERST ORLANDO FL 32804 Mailing Address 2014 AMHERST ORLANDO FL 32804-5457

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State



DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number 59-3551606 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent MALEVER, CARY J 2014 AMHERST ORLANDO FL 32804

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.

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, 2000 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

Table with 6 rows for Officers and Directors (Block 11). Each row includes Title, Name, Street Address, and City-ST-ZIP, with a Delete checkbox.

Table with 6 rows for Additions/Changes to Officers and Directors (Block 12). Each row includes Title, Name, Street Address, and City-ST-ZIP, with Change and Addition checkboxes.

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: [Signature] 6/20/00 350-243 6152 Date Daytime Phone #

1681 1904 11