## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P9900064966 E.R. CONSTRUCTION, INC. 4-27-2001 90331 021 \*\*\*150.00 Principal Place of Business Mailing Address 13200 SW 38TH TER 13200 SW 38TH TER MIAM! FL 33175 **MIAMI FL 33175** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt, #, etc. Apolied For City & State City & State 4. FEI Number 65-0941820 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROJAS, MARLENE Street Address (P.O. Box Number is Not Acceptable) 13200 SW 38TH TER **MIAMI FL 33175** Zip Cade 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE Adoltion TITLE ROJAS, MARLENE NAME NAME 13200 SW 38TH TER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IE **MIAMI FL 33175** Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY - ST - ZiP ☐ Delate Change ■ Addition TITLE III: E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP ☐ De-ete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change Addition ☐ Delate 7111.5 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change Addition Delete TELE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - Z:P

13. Thereby 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 eath; that I am an efficer 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

with an address, with all other changed, or on an attachmen

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