FILED

2001 UNIFORM BUSINESS REPORT (UBR)

NAMOS CO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: &

Mar 12, 2001 8:00 am Secretary of State DOCUMENT # P99000067613 1. Entity Name BARCELONA CONSTRUCTION GROUP, INC. 03-12-2001 90021 050 ***150.00 Principal Place of Business Mailing Address 8951 SW 4 LANE 8951 SW 4 LANE MIAMI FL 33174 MIAMI FL 33174 2. Principal Place of Business 3. Mailing Address \$5305 w 84 cf Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0944225 33143 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANCIS CO BIANCHI, PETER C Street Address (P.O. Box Number is Not Acceptable) 255 UNIVERSITY DRIVE **CORAL GABLES FL 33134** City GA 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 typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) -FILE-NOW!!!-EEE-IS-\$150-00---8: This corporation is eligible to satisfy its Intangible == 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change Addition DE ARMAS, ZENEN NAME NAME 8951 SW 4 LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33174** TITLE Delete TITLE ☐ Addition ABELLA, FRANCISCO J NAME NAME STREET ADDRESS 8530 SW COURT STREET ADDRESS CITY ST ZIP CITY-ST-ZIP **MIAMI FL 33143** ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 praddress, with all other like empowered.