FILED 2000 UNIFORM BUSINESS REPORT (UBR) Aug 31, 2000 8:00 am Secretary of State DOCUMENT # **P99000079208** MAHER CONCRETE FLOOR'S INC. 08-31-2000 90002 029 ***550.00 Principal Place of Business Mailing Address 1132 N.W. 1ST AVENUE 1132 N.W. 1ST AVENUE 110082422 FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address 1132 NW AVG. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired BROWARC Fee Required 6.- Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MODAS, DANIEL A Street Address (P.O. Box Number is Not Acceptable) 1215 S.E. 2ND AVENUE, #202 FT. LAUDERDALE FL 33335 Zip Code City 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) FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. TITLE ☐ Change Delete TITLE MAHER, STEPHEN J NAME NAME STREET ADDRESS STREET ADDRESS 1132 N.W. 1ST AVENUE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33311 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7\P CITY-ST-7IP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE □ Delete TITL F NAME NAME

2 4

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

IFMREQUIRSTEPHEN J. MAHER 07/07/00