2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085281 Aug 08, 2000 8:00 am Secretary of State 1. Entity Name WEST KENDALL CONSTRUCTION, INC. 08-08-2000 90002 038 ***150.00 Principal Place of Business Mailing Address 690 S.W. 119TH AVENUE 690 S.W. 119TH AVENUE MIAMI FL 33184 MIAMI FL 33184-1725 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 65º09503 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7.*Name and Address of New Registered Agent - - -6. Name and Address of Current Registered Agent HERNANDEZ. JUAN E Street Address (P.O. Box Number is Not Acceptable) 9331 S.W. 104TH AVENUE MIAMI FL 33176 Zip Code City F 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 (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 \$5.00 May Be 10. Election Campaign Financing After_MAY_1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do soTrust Fund Contribution. -Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition CR2E034 (9/99) Change **PSTD** TITLE ☐ Delete TITLE RAMIREZ, ROLAND IVAN NAME NAME STREET ADDRESS STREET ADDRESS 1403 N.W. 1ST STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33130 ☐ Addition ☐ Change Delete TITLE TIRE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE : Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS COTY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE **SMAN** NAME STREET ADDRESS STREET ADDRESS CHY-ST-7/P CITY-ST-ZIP 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 preport 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 trivitee 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 attachpant with all other like empowered. SIGNATURE: Daytane Phone 6 NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WEST KENDALL CONSTRUCTION, Inc.					1) 00 100 21
Principal Place of Business 690 S.W. 119TH AVENUE MIAMI FL 33184			Mailing Address 680 S.W. 119FH AVENUE MIAMI FL 33184-1725		
2. Principal	Place of Busin	ess	3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State			City & State		
Zip Country		Zip	Country	السريد Nol مرحد 105 095 00	
6. Name and Address of Curre					5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent
933 MIA	RNANDEZ, JI 31 S.W. 104T MI FL 33176	uan e H avenue	ž "s	City	Address (P.O. Box Number is Not Acceptable) FL Zip Code
8. The above		submits this statement f	t and title if applicable. (NOTE	· Registered Agent signs	or registered agent, or both, in the State of Florida.
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND			alf T After MAY 1, 200 Make Check Payab	II FEE IS \$150 00 Fee Will be \$ le to Departmen	550.00 \$5.00 May
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of the corp changed, o	oration or the or on an atlact	information supplied with or supplemental report is receiver or trystee empo or pent with a yarduse, v	this filing does not qualify for it true and accurate and that my wered to execute this report as with all other like empowered.	he exemption stat r signature shall h r required by Cha	ed in Section 119.07(3)(i). Florida Statutes, I further certify that the information ave the same legal effect as if made under oath; that I am an officer or director pter 607, Florida Statutes; and that my name appears in Block 11 or Block iz.
SIGNAT	URE: _9	SIGNATURE AND TYPED OR PI	RINTED NAME OF SIGNING OFFICER OR	DIRECTOR	Darle Daylime Phona #
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FOR U.C	F. HV	990000	85281		

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