2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P99000098829 May 23, 2000 8:00 am Secretary of State U.S.A. CONSTRUCTION SYSTEMS, INC. 05-23-2000 90246 028 ***150.00 Principal Place of Business Mailing Address 113 NORTH FEDERAL HIGHWAY 149-NORTH FEDERAL HIGHWAY DANIA BEACH FL 93004-2903 DANIA BEACH FL 33004 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Numb Applied For City & State Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ADAMS, GERALD J Street Address (P.O. Box Number is Not Acceptable) 113 NORTH FEDERAL HIGHWAY DANIA BEACH FL 33004 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 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 After MAY 1, 2000 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition **PVST** TITLE □ Delete TITI F NAME COTE, MARC NAME STREET ADDRESS STREET ADDRESS 1726 THOMAS STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Addition ☐ Change ☐ Delete TITLE NAME COTE, MARC STREET ADDRESS STREET ADDRESS 1726 THOMAS STREET CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL 33020 Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete 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-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE 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 attach with all other like empowered. ent with an address

Daytime Phone #