2001 UNIFORM BUSINESS REPORT (UBR)

Secretary of State DOCUMENT # P99000103200 06-19-2001 90430 050 ***150.00 07-12-2001 90002 002 ***400.00 THE J.J. JR. CONSTRUCTION, CO., INC. Principal Place of Business Mailing Address A0076699 4524 SOUTHWEST 71 AVE. 4524 SOUTHWEST 71 AVE. MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0968168 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ESCORCIA, MANUEL U Street Address (P.O. Box Number is Not Acceptable) 90 WEST STREET APT. 7 HIALEAH FL 33010 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, 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 Atter 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) ☐ Change ☐ Addition TITLE Delete TIME ESCORCIA, MANUEL U NAME NAME 4524 SOUTHWEST 71 AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33155 Channe Addition Delete TITLE GARZA STEPHEN CARZA. STEPHEN NAME NAME 4524 SOUTHWEST TI AVE STREET ADDRESS 4524 SOUTHWEST 71 AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33155 CITY-ST-ZIP MIAMI FL 33155 Addition Change ☐ Delete TITLE 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-7IP Addition TITLE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP ☐ Addition ☐ Chance Oelete 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, do on an attachment with an address, with all other like Empowered.

FILED Jul 12, 2001 8:00 am