2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$25284 Sep 18, 2000 8:00 am Secretary of State 1. Entity Name FEDERAL CONTRACTORS, INC. 09-18-2000 90146 018 ***550.00 Principal Place of Business Mailing Address 694 N.W. 102ND PLACE 694 N.W. 102ND PLACE MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address 983 N.W. 106 Ave. circle Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0251730 Miami Not Applicable W iam Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required ジリコン 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>ELWNWAD</u> PAGUAGA, EDMUNDO M 694 N.W. 102ND PLACE MIAMI FL 33172 meani 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election: Campaign Financing \$5:00 May Be Atter SEPTEMBER 15, 2000 Min. Will be \$750.00 __Tax filing requirement and elects to do so: Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE ☐ Addition Paguaga Egmango PAGUAGA, EDMUNDO NAME NAME 106 Ave. circle 983 NW 694 N.W. 102ND PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL miami Change ☐ Addition ☐ Delete TITLE TITLE LUIS B. Paguaga 983 N.W. 106 Ave. circle PAGUAGA, LUIS B NAME NAME 694 N.W. 102ND PLACE STREET ADDRESS STREET ADDRESS CITY-ST-7IP wiami. **そ**♪ 22115 CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE TITLE . Paguaga v. 106 Abe. citcle PAGUAGA, JUAN C NAME NAME STREET ADDRESS 694 N.W. 102ND PLACE STREET ADDRESS R83 CITY-ST-ZIP KI. 33172 CITY-ST-ZIP MIAMI FL mzami Change ☐ Addition ☐ Delete TITLE TITLE 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 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PHINTED THAT OF SIGNING OFFICER OR DIRECTOR DAYLING OFFICER OR DIRECTOR