2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 09, 2001 8:00 am Secretary of State **DOCUMENT # \$46358** 1. Entity Name BUDGET CONSTRUCTION CO., INC. 01-09-2001 90024 040 ***150.00 Mailing Address Principal Place of Business 9961 SW 130 ST. 9961 SW 130 ST. MIAMI FL 33176 MIAMI FL 33176 TOCODODE 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0257113 Not Applicable \$8.75 Additional Country 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 Name___ JIMENEZ, MIGUEL A., JR Street Address (P.O. Box Number is Not Acceptable) 9961 SW 130 ST **MIAMI FL 33176** Zip Code City FL 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 (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Addition Change TITLE TITLE ☐ Defete JIMENEZ, MIGUEL A., JR NAME NAME 9961 SW 130 ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33176** Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete THILE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change | Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information eport 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 a empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if these, with all other like empowered. 13. I hereby certify that the information supply indicated on this report or supplementa of the corporation or the receiver or trus changed, or on an attachment w

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

=:45°