2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 06, 2000 8:00 am Secretary of State **DOCUMENT # \$56020** BJR CONSTRUCTION CORPORATION 03-06-2000 90006 045 ***150.00 Principal Place of Business Mailing Address 2211 NORTHEAST 54TH STREET 2211 NORTHEAST 54TH STREET FORT LAUDERDALE FL 33308-3226 FORT LAUDERDALE FL 33308 000317062. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0269316 Not Applicable Zip Country \$8.75 Additional Zip Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NANAYAKKARA, RANJIKA A. Street Address (P.O. Box Number is Not Acceptable) 2211 NORTHEAST 54TH STREET FORT LAUDERDALE FL 33308 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE NANAYAKKARA, RANJIKA A. NAME NAME STREET ADDRESS **2211 N.E. 54TH STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL ☐ Change Addition □ Defete TITLE NANAYAKKARA, BANDULA NAME NAME STREET ADDRESS 2211 N.E. 54TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL Addition TITLE Change TIT! F ☐ Delete

NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete 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 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR