FILED

(9/04)

2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 11, 2002 8:00 am Secretary of State DOCUMENT # S56020 1. Entity Name -11-2002 90056 018 ***150 00 BJR CONSTRUCTION CORPORATION Principal Place of Business Mailing Address 2211 NORTHEAST 54TH STREET 2211 NORTHEAST 54TH STREET FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0269316 Not Applicable Zip Country Country \$8.75 Additional 5. 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 \mathbf{D} FORT LAUDERDALE FL 33308 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, typed or printed name of registered agent and title if applicable. DATE (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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NANAYAKKARA, RANJIKA A. NAME NAME **2211 N.E. 54TH STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NANAYAKKARA, BANDULA NAME 2211 N.E. 54TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-FORT LAUDERDALE FL CITY-ST-ZIP & TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition TITLE ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 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 pastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if