2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # S61798** Aug 10, 2000 8:00 am Secretary of State 1. Entity Name BEDROCK CONSTRUCTION COMPANY 08-10-2000 90008 045 ***550.00 Principal Place of Business Mailing Address THE LAW CENTER, SUITE ONE THE LAW CENTER. SUITE ONE 370 MINORCA AVENUE 370 MINORCA AVENUE CORAL GABLES FL 33134 CORAL GABLES FL 33134-4311 3. Mailing Address 2. Principal Place of Business SAME 2420 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0273584 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name GAY, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1121 N.E. 202 STREET M#AMI FL 33179 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 re-instating) DATE 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, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Delete TITLE THOMSON, JOHN M. NAME NAME STREET ADDRESS 370 MINORCA NE #1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL ☐ Addition **PST** TITLE Change ☐ Delete TITLE GAY, RICHARD ALLEN NAME NAME STREET ADDRESS STREET ADDRESS 1121 NE 202 ST CITY-\$T-ZIP CITY-ST-7IP MIAMI FL TITLE 🚚 Change Addition Delete_ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 at usee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapted or on an attachment with an address, with all the like empowered.

SIGNATURE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gore

8-8-00 305-972-13

Daytime Phone #