2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # \$67409** 1. Entity Name HORIZON CONSTRUCTION GROUP, INC. -27-2001 90312 031 ***150.00 Principal Place of Business Mailing Address 3640 YACHT CLUB DR 3640 YACHT CLUB DR STE 402 STE 402 MIAMI FL 33180 MIAM! FL 33180 US US 2. Principal Place of Business 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Apolied For 4. FEI Number 65-0325062 Not Applicable Zip Country Zip 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 LOTTERMAN, MARK Street Address (P.O. Box Number is Not Acceptable) 3640 YACHT CLUB DRIVE **STE 402 MIAMI FL 33180** City 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 Signature, typed or or need name of registered agent and title if applicable. (NOTE: Registered Agent's gnature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** TITLE Delete TITLE Ado.tion LOTTERMAN, MARK NAME NAME STREET ADDRESS 3640 YACHT CLUB DR STE 402 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE ☐ Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change Audition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - Z'P TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP OI"Y-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS

13. Thereby 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 supplimental 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 receipt or trustee a prefered 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 attachme wered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDERT