2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2000 8:00 am Secretary of State **DOCUMENT # V10640** 1. Entity Name D. STEPHENSON CONSTRUCTION, INC. 05-08-2000 90058 023 ***150.00 Mailing Address Principal Place of Business 15478 NW 77TH COURT 15476 NW 77TH COURT -SHITF 314 SUITE 314 MIAMI-LAKES-FL-33016 -- MIAMI-LAKES-FL 33016-5823 --HS 115-2. Principal Place of Business 3. Mailing Address 2nd Avenue 20535 N.W. 2nd Avenue 20535 N.W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite # 207 City & State 4. FEI Number Applied For City & State 65-0313701 Mium Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33169 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) STEPHENSON, DINAH SMITH _10_FAIRWAY_DRIVE --SUITE 211 DEEREIELD BEACH FL-33441-Zip Code 33/69 8. The above named entity submits this statement for the purpose of changing its registered office or registered agon, or both, in the State of Florida. Dinal Stephenson 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, 2008 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 12,7 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition TITLE ☐ Delete TITLE 🔪 NAME NAME STEPHENSON, DWIGHT 20535 N.W. 2M Avenue, Suite #207 STREET ADDRESS STREET ADDRESS 15476 NW 77TH CT, #314 Miami, FL 33169 CITY-ST-ZIP CITY-ST-ZIP MIAMI-LAKES FL-33016 ☐ Delete TITLE TITLE STEPHENSON, DINAL NAME 15476 NW-77TH CT, #314 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTy - ST-ZIP MIAMI LAKES FL 33016 ☐ Delete Change □ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE +-☐ Change ☐ Addition . Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(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: