2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90029 003 ***158.75

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DOCUMENT #V59320

1. Entity Name
PROFESSIONAL GENERAL CONTRACTORS INC.

Principal Place of Business	Mailing Address
250 CATALONIA AVE. #400 CORAL GABLES, FL 33134	250 CATALONIA AVE. #400 CORAL GABLES, FL 33134

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
454 NW 22 AVE	454 NW 22 AVE
Suite, Apt. #, etc. STE 200	Suite, Apt. #, etc. STE 200
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33125 Country MIAMI-DADE	Zip 33125 Country MIAMI-DADE

4. FEI Number 65-0353833 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMOS, CARLOS R.
250 CATALONIA AVE.
#400
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name CARLOS R. RAMOS
Street Address (P.O. Box Number is Not Acceptable) 454 NW 22 AVE
STE 200
City MIAMI FL Zip Code 33125

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] CARLOS R. RAMOS 05/01/2003
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	RAMOS, CARLOS R.	NAME	CARLOS R. RAMOS
STREET ADDRESS	250 CATALONIA AVE #400	STREET ADDRESS	454 NW 22 AVE STE 200
CITY-ST-ZIP	CORAL GABLES, FL	CITY-ST-ZIP	MIAMI, FL 33125
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] CARLOS R. RAMOS 05/01/2003 (305) 644-4194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)