2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # V67582** Apr 22, 2000 8:00 am Secretary of State 1. Entity Name GERDTS CONSTRUCTION, CORP. 04-22-2000 90025 036 ***150.00 Principal Place of Business Mailing Address 15852 SW 103 LANE 15852 SW 103 LANE MIAMI FL 33196-5404 MIAMI FL 33196 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0411745 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GERDTS, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 15852 SW 103 LANE MIAMI FL 33196 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. M Change Addition ☐ Delete TITLE TITLE FERNANDO GERDTS GERDTS, FERNANDO NAME 103 LN STREET ADDRESS 11740 SW 112 LN. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 Addition ☐ Delete TITLE TITLE GERDTS, BETTY NAME NAME STREET ADDRESS STREET ADDRESS 11740 SW 112 LN. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this tiling 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 11 or Block 12 if 13. I hereby certify that the information supplied with this

TED NAME OF SIGNING OFFICER OR DIRECTOR