2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

FILED DOCUMENT # V73337 May 08, 2000 8:00 am Secretary of State MORALES BUILDING CONTRACTORS, INC. 05-08-2000 90082 017 ***150.00 Principal Place of Business Mailing Address 224 DATURA ST P.O. BOX 6792 WEST PALM BEACH FL 33405-6792 STE, 1211 WEST PALM BEACH FL 33401 3. Mailing Address 2. Principal Place of Business 601 5. Federal Hwy. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 54ite Applied For City & State 4. FEI Number 65-0369138 Lake Worth Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Movales Altredo MORALES, ALFREDO Street Address (P.O. Box Number is Not Acceptable) 224 DATURA STREET 601 S. Federal Hwy. **SUITE 1211** WEST PALM BEACH FL 33401 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. Alfredo Marcles Res and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Change TITLE TITLE Morales , Alfredo MORALES, ALFREDO NAME 601 S. Federal Huy STREET ADDRESS 224 DATURA ST., STE. 1211 STREET ADDRESS Lake Worth Fl. 33460 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if