

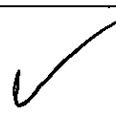
# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90048 037 \*\*\*550.00

**DOCUMENT # P99000079863**

1. Entity Name  
**AMERICAN CONSTRUCTION & BUILDING, CORP.**



Principal Place of Business 110 MEADOWS CIRCLE BOYTON BEACH FL 33162	Mailing Address 110 MEADOWS CIRCLE BOYTON BEACH FL 33162 <i>NEW MAILING ADDRESS! P.O BOX # 4521 BOYTON BEACH, FL 33424</i>
--	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <i>P.O BOX # 4521</i> Suite, Apt. #, etc.
---	--

City & State <i>BOYTON BEACH</i>	City & State <i>FL. 33424</i>
-------------------------------------	----------------------------------

Zip	Country	Zip	Country
-----	---------	-----	---------



DO NOT WRITE IN THIS SPACE

4. FEI Number <i>65-0958991240412-4</i>	Applied For <input type="checkbox"/> Not Applicable
--	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

**6. Name and Address of Current Registered Agent**

**BARROS, HARRY SIDNEY**  
**110 MEADOWS CIRCLE**  
**BOYTON BEACH FL 33162**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BARROS, HARRY SIDNEY</b>	
STREET ADDRESS	<b>110 MEADOWS CIRCLE</b>	
CITY-ST-ZIP	<b>BOYTON BEACH FL 33162</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>CAICEDO, RAMIRO</b>	
STREET ADDRESS	<b>8290 LAKE DR. #513</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>BARROS, HENRY</b>	
STREET ADDRESS	<b>8810 SW 132 PL.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*IX-5-00* *(301)437-8241*  
 Date Daytime Phone #

CR2E034 (5/00)