

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
 NEW MAILING ADDRESS!
 P.O BOX # 4521
 BOYTON BEACH, FL 33424

2. Principal Place of Business

3. Mailing Address

P.O BOX # 4521

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYTON BEACH

City & State

FL. 33424

4. FEI Number

65-0958991240412-4

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$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

FL

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. - (See criteria on back)

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

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IX-5-00 (361)437-8241
 Date Daytime Phone #

CR2E034 (5/00)