المستنسب ا	•			
	1 UNIFORM BUS	~)RT (UBI	FILED
DOCU 1. Entity Nar	IMENT#V6286	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
South Dade Builders Inc.				IALLANASSEE, FLORIDA
000	111	(1) 1) (0)		01 JUL -6 PM 1: 16
Principal Pla	ce of Business	Mailing Address		
Dade	County 9	233 SW6-	151.	
		liami FL. 33	173	
	Place of Business	3. Mailing Address	-1c T.	
Min 9233 S.W 67 Suite, Apt. #, etc. Suite, Apt. #, etc.			7731	DO NOT WRITE IN THIS SPACE
City & Star	te	City & State _		4. FEI Number Applied For
	····	Minmi Fl	LORICA,	65-0355426 Not Applicat
_ <u>Zip</u>	Country	33173	Country	5. Certificate of Status Desired Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
7	EOZGE M. LO	Pez		
9233 S.W 675T.			Street A	Address (P.O. Box Number is Not Acceptable)
n	Miami #L. 3317	a		
		<u> </u>	City	FL Zip Code
8. The above	e named entity submits this statement f	or the purpose of changing its	s registered office or	or registered agent, or both, in the State of Florida.
SIGNATURE	Signature, typed or printed name degistered agen	and the if annuable. (NOT		5-29-2001 mature required when reinstating) DATE
	oration is eligible to satisfy its Intangible		III FEE IS \$150.	
9	requirement and elects to do so. ria on back)	After MAY 1, 20 Make Check Payat	001 Fee will be \$5 ble to Departmen	Trust Fund Contribution Added to Fees
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	PRESIDENT. CIEORGE M. Loi	☐ Delete	TITLE NAME	Change
STREET ADDRESS	4233 S.W. 6	7 ST·	STREET ADDRESS	-07/17/0101003006
CITY-ST-ZIP	MIRMI FL. 33	<u>173</u> □ Delete	CITY-ST-ZIP	****300.00 ****300.00 Change Addition
NAME		Delete	NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	
TITLE		☐ Defete	TITLE	Change Additi
NAME STREET ADDRESS	- 0 -		NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Additi
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP		Delete	CITY-ST-ZIP	☐ Change ☐ Addition
NAME	·		NAME	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Cha S P ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	<u>.</u>
CITY-ST-ZIP			CITY-ST-ZIP	
13. I hereby of indicated	certify that the information supplied witl I on this report or supplemental report i	n this filing does not qualify for s true and accurate and that r	r the exemption stat my signature shall ha	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director apter 607, Florida Statutes; and that my name appears in Block 11 or Block 12
or the cor changed	poration or the receiver or trustee emp , or on an attachment with an address,	owered to execute this report with all other like empowered.	as required by Cha	napter 607, Florida Statutes; and that my name appears in Block 11 or Block 12

SIGNATURE: Starge M Jojn George M. Lopez Bres. 5/29/2001 305-431-229