

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90957 044 ***150.00

DOCUMENT # P96000073093

1. Entity Name
O.J. & BUILDERS CORPORATION

Principal Place of Business

**15941 SW 54 TERRACE
MIAMI FL 33185**

Mailing Address

**15941 SW 54 TERRACE
MIAMI FL 33185**

545206



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14230 SW. 57th LANE

Suite, Apt. #, etc.

Suite #106

City & State

Miami, Florida

Zip **33183**

Country

3. Mailing Address

14230 SW. 57th LANE

Suite, Apt. #, etc.

Suite #106

City & State

Miami, Florida

Zip **33183**

Country

4. FEI Number **65-0693512**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**IGLESIAS, ADOLFO E
12010 SW 97TH ST.
MIAMI FL 33186-2606**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE **DP** ☐ Delete
NAME **BORRERO, EDUARDO**
STREET ADDRESS **15941 SW 54 TERRACE**
CITY-ST-ZIP **MIAMI FL 33185**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **BORRERO, EDUARDO**
STREET ADDRESS **14230 SW 57 LANE Apt#106**
CITY-ST-ZIP **Miami, FL 33183**

TITLE ☐ Change ☒ Addition
NAME **SECRETARY**
STREET ADDRESS **ARREAZA, MARIA T.**
CITY-ST-ZIP **14230 SW. 57 LANE, APT. #106**
MIAMI, FL 33183

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/01

Date

305 804-3892

Daytime Phone #

CR2E034 (10/00)