

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90054 040 \*\*\*150.00

**DOCUMENT # P99000079863**

1. Entity Name

**AMERICAN CONSTRUCTION & BUILDING, CORP.**

Principal Place of Business

**6358 PINE STREET  
 FL226  
 LAKE WORTH FL 33463**

Mailing Address

**P.O. BOX 4521  
 BOYTON BCH FL 33424**

2. Principal Place of Business

3. Mailing Address

**P.O. BOX # 4521**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**BOYTON BCH, FL. 33426**

Zip

Country

Zip

Country

**33426 W.P. BCH.**

4. FEI Number

**65-0958991**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

**BARROS**

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
 NAME **BARROS, HARRY SIDNEY**  
 STREET ADDRESS **110 MEADOWS CIRCLE**  
 CITY-ST-ZIP **BOYTON BEACH FL 33162**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **BARROS HARRY SIDNEY**  
 STREET ADDRESS **114 SPRUCE STREET**  
 CITY-ST-ZIP **BOYTON BCH, FL 33426**

TITLE **VD** ☐ Delete  
 NAME **CAICEDO, RAMIRO**  
 STREET ADDRESS **8290 LAKE DR. #513**  
 CITY-ST-ZIP **MIAMI FL 33166**

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

TITLE **SD** ☐ Delete  
 NAME **BARROS, HENRY**  
 STREET ADDRESS **8810 SW 132 PL**  
 CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)