FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 448456

(4)

UNION CITY BUILDING SUPPLY OF FLORIDA, INC.

Principal Place of Busines
1170 W.20TH STREET
LBALCALI EL ROMA PAGA

Mailing Address

FILED May 06 1997 8:00am Secretary of State



1170 W.20TH S HALEAH FL 33	STREET 1012-5062	1170 W.29TH STREET HIALEAH FL 33012-5062						
					3. Date incorporated or Qualified 05/01/1974	3a. Date of Last Report 04/10/1996		
	lace of Business	2a. Mailing Address			4. FEI Number	1	Applied Fo	or
21 Pulto Apl	# oto	26			59-1525672 Not Applicable			
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23		City & State	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zîp 29	Country 30	<i>t</i>	This corporation has liability for intangible tax under s. 199,032. Florida Statutes Yes No			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg			
	ez, elio		81	Name				
1170 WEST 29TH ST HIALEAH, FL 33010			82	Street Ade	dress (P.O. Box Number is Not Acceptable	0)		
1.			83					
			84	City		85	Zip Code	
				1			I	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida Statu e of Florida. Such change was	tes, the abov authorized by	e-named co	rporation submits this statement for the pu ation's board of directors. I hereby accept	rpose of char	nging its register	ered
agent la	m familiar with, and accept the obliq	ations of, Section 607.0505, Fl	lorida Statute	S.	and the distriction of the coopy	τις αρμοιήτι	on as register	60
SIGNATURE	Signature, typoid or printed name of registered as	must read tille of muscle state. (ALC)	T. Daniel and An		uired whon reinstaling)			
12.		ND DIRECTORS	13.	on signature requ	ADDITIONS/CHANGES TO OFFICE	DATE BS AND DIRE	ECTORS IN 12	
TITLE	P	DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	7.007.10.107.01.11.10.20.7.00.17.10.1		hange Adi	
NAME	PEREZ, ELIO		1.2 NAME				go	
STREET ADDRESS	15834 NW 82 CT		13 STREET	ADDRESS				Š
CITY-ST-ZIP	MAMILAVECEI		14 C∏Y-S					δ
TITLE	VP	☐ DELFTE	21 HTLE				hange	dilion C
NAME	AGUAYO, EDDY		2.2 NAME					
STREET ADDRESS	10441 NW 133 STREET		2.3 STREET ADDRESS					
CITY-ST-ZIP	HIALEAH GARDENS FL		2.4 City-1	S1 - ZIP				
TITLE		DELFIE	3.1 1111.6			□ C	hange [] Add	dition
NAME		_	3.2 NAME					
STREET ADDRESS		·	3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY- S	S1 - 71P				
TITLE		DELETE	417011			C	hange [] Add	lition
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREEL	ADDRESS				
CITY-ST-ZIP			4.4 CHY-S	1 - ZIP				
TITLE		DELETE "	5.1 TAILE			С	hange [] Add	dition
NAME			5.2 NAME					
STREET ADDRESS			5.3 \$1REE1	ADURESS	•			-
CITY-ST-ZIP	7777		5.4 DITY-S	7-7IP				
TOLE		DELETE	G.1 NITLE			C	hange [] Add	tion
NAME			6.2 NAME					
STREET ADDRESS			63 ETREET	AUDRESS				
CITY-ST-ZIP			64 DITY-S	1 - Z IP				

I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 12 or Block 13 if changed, or on an attachment with an address.

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