

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 08:00 AM
Secretary of State

DOCUMENT # 614343

1. Entity Name
M.A.P. BUILDERS, INC.

Principal Place of Business 700 NW 107TH AVENUE MIAMI FL 33172	Mailing Address 700 NW 107TH AVENUE MIAMI FL 33172
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number
59-1908120

Applied For	
Not Applicable	

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCCAIN, DAVID B., ESQ.
 700 NW 107TH AVENUE

 MIAMI FL 33172 US

7. Name and Address of New Registered Agent

Name
MCCAIN DAVID BESQ.

Street Address (P.O. Box Number is Not Acceptable)
700 NW 107TH AVENUE

City
MIAMI FL Zip Code
33172

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 **DAVID B. MCCAIN** DATE **01/22/2001**

Signature, typed or printed name of registered agent and title 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, 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 AS <input type="checkbox"/> Delete	NAME SIERRA, E. KATHLEEN
STREET ADDRESS 700 NW 107TH AVE, 4TH FL	CITY-ST-ZIP MIAMI FL
TITLE VS <input type="checkbox"/> Delete	NAME MCCAIN DAVID B
STREET ADDRESS 700 N. W. 107 AVENUE	CITY-ST-ZIP MIAMI FL 33172
TITLE T <input type="checkbox"/> Delete	NAME MALCOLM WAYNEWRIGHT
STREET ADDRESS 700 NW 107TH AVE	CITY-ST-ZIP MIAMI FL 33172
TITLE VD <input type="checkbox"/> Delete	NAME PEKOR, ALLAN J.
STREET ADDRESS 700 NW 107TH AVE, 4TH FL	CITY-ST-ZIP MIAMI FL
TITLE PD <input type="checkbox"/> Delete	NAME MILLER STUART A
STREET ADDRESS 700 N.W. 107 AVENUE	CITY-ST-ZIP MIAMI FL 33172
TITLE DC <input type="checkbox"/> Delete	NAME MILLER LEONARD
STREET ADDRESS 700 N.W. 107TH AVENUE	CITY-ST-ZIP MIAMI FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME SIERRA KATHLEEN E
STREET ADDRESS 700 NW 107TH AVE, 4TH FL	CITY-ST-ZIP MIAMI FL 33172
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 VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME PEKOR, ALLAN J.
STREET ADDRESS 730 NW 107TH AVE, 4TH FL	CITY-ST-ZIP MIAMI FL 33172
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME MILLER LEONARD
STREET ADDRESS 700 N.W. 107TH AVENUE	CITY-ST-ZIP MIAMI FL 33172

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: **David B. McCain** VS Date **01/22/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)